

If you wish to appeal against the penalty, please fill in this form (in capitals) to give us the information we need to consider the matter.

If there is a hearing by the General Commissioners, please '✓' one of the boxes below.

I want to be heard by the Commissioners for the area where:

I live  I work  I have business premises

Please give the address to the box you have ticked above along with your name.

Full name
Address
Postcode

Tax Reference  
*from top right-hand corner of penalty notice*

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*include Employer Reference where shown*

Date of penalty notice

	/		/	
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I wish to appeal against the penalty of £ 

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 for the year ended 5 April 

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*enter year*

*Please give the reason for your appeal*

Tax Return lost in the post - I enclose a copy of the Return  Serious illness of taxpayer, or a close relative or domestic partner  Other *please specify*   
 Tax Return delayed in the post  Bereavement

<i>and say when and what happened</i>	<i>Date</i>

*continue overleaf if necessary*

Signature of taxpayer or adviser

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Date

	/		/	
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Daytime telephone number

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Agent's name and address *if appropriate*

Full name
Address
Postcode