Inland Revenue
Financial Intermediaries and Claims Office

Charity Repayment Claim

The box below is for Inland Revenue use only

Date claim received	/ /
Claim sub no.	
Arith. check Initials _____ Date	/ /
Authorised Initials _____ Date	/ /
'√' if appropriate Notification ☐ Advice ☐	

Please complete if the Reference, Charity name and Address boxes are blank.

Reference
Charity name
Address

- **Read** form **R68(Notes)** before completing this claim.
- Use *CAPITAL LETTERS* when filling out this form.
- Tell us immediately if the charity's name changes or if you are a new signatory. Don't wait until you claim repayment as it may cause delay.
- Make a copy of the claim or schedules if you need to before sending them in.
- Don't send correspondence unless it relates to the claim.
- When you have finished fold this form in half and **use** the return envelope provided.
- Make sure that the address, to which you are returning the form, is clearly visible in the envelope window.

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Part 1 Amount of repayment claim

In respect of each source of income below

- complete the appropriate schedule, and
- enter the tax/relief claimed.

		Tax/relief claimed
1	**Other income received under deduction of tax.** *Enter the total amount of tax deducted - Schedule R68(F).*	1 £
2	**New Gift Aid (donations made by individuals on or after 6 April 2000).** ***Also see item 5 below***	2 £
3	**Transitional relief on distributions paid on or after 6 April 1999.** *Enter the total relief claimed - Schedule R68(TCTR).*	3 £
4	**Total tax/relief claimed.**	add boxes 1,2, and 3 4 £

5 **New Gift Aid information.**

Has the charity accepted declarations for any payments included in the claim for New Gift Aid by telephone? Yes ☐ No ☐

Part 2 Charity details

1 Is the charity's name as shown overleaf?

Yes ☐ No ☐

If you ticked "No", please show the correct name of the charity below and send a copy of the document confirming the change of name.

2 Is the charity a company for tax purposes? *(See note 5)*

Yes ☐ No ☐

If you ticked "Yes" please show the date the accounts period ends *(See note 6)*

Day ☐ Month ☐

Part 3 Repayment details

1 Period to which the claim relates.

From / /

To / /

2 Where is the repayment to be sent?
*Tick **one** of the following boxes.*

- direct to your bank/building society ☐
- to a nominee ☐
- by cheque to the address shown overleaf ☐
- by cheque to a different address ☐

3 Fill in this section if the repayment is to be sent to your, or your nominee's, bank/building society account.

Name of bank/building society

Name of account for use by BACS
(first 28 characters including spaces)

Building Society reference number

Account number

Branch sort code - -

4 Authorisation - fill in this section if the repayment is to be sent to a nominee.

Nominee's name and reference *(if appropriate)*

Nominee's address

Name and address to which cheque should be sent

Name and address for acknowledgement to be sent

Signature of an authorised officer of the charity

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Part 4 Declaration

■ ***An authorised official of the charity must complete and sign this part of the form.***

1 Title Full name

2 Your official position, for example, Treasurer, Secretary, Trustee.

3 Phone number at which we may contact you if we have a query about this claim.

I claim the sum of **as shown in box 4 overleaf.**

I declare to the best of my knowledge and belief:

- the information given on this form is correct and complete and
- the charity is exempt from tax under Sections 505, 507 or 508 ICTA 1988 in respect of the income shown on this form.

I understand that false statements can lead to prosecution.

Signed **Date** / /