



# Bulpitt Crocker

Taxation Limited

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Dorset  
BH1 2HZ

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## Tax Credits Claim Client Details Form

### Personal Details

Main Applicant		Applicants Partner	
Title:	Mr / Mrs / Miss / Ms /.....	Title:	Mr / Mrs / Miss / Ms /.....
Surname:		Surname:	
First Name:		First Name:	
Middle Name/s:		Middle Name/s:	
N.I Number:		N.I Number:	
D.O.B		D.O.B	
Residency:	UK \ Other:	Residency:	UK \ Other:
Home Address:		Home Address:	
Postcode		Postcode	
Telephone Number:		Telephone Number:	

### Disabilities

Any Registered Disabilities?	Yes / No	Any Registered Disabilities?	Yes / No
Any Disability Allowances Received?	Yes / No	Any Disability Allowances Received?	Yes / No

### Working

Hours usually worked in a week:		Hrs	Hours usually worked in a week:		Hrs
Are you employed?	Yes / No		Are you employed?	Yes / No	

### Benefits and/or allowances

Details of any benefits or allowances received:	Details of any benefits or allowances received:

### Payment of Tax Credits Details

How often would you like your tax credits paid (please tick):	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 4 Weeks
Name of bank or building society for payment to go to		
Name of account holder(s)		
Account number		
Branch sort code		
Building society roll or reference number (if applic)		

**Note:** If you require Child Tax Credit to go to one account and Working Tax Credit to go to another account please give details of the additional bank account in 'Additional Information'.

## Children's Details

Child 1	
Surname:	
First Name:	
Middle Name/s:	
D.O.B	
Date became responsible for child (if not D.O.B)	
In Full Time, Non-advanced Education or an Approved Training Course: (if 16-19 yrs)?	Yes / No
If Yes to above, are they at University or studying a degree?	Yes / No
Registered with Local Careers Service or Connexions Service?	Yes / No
If Yes to above, what date did they register with the service?	
Any Registered Disabilities?	Yes / No
Any Disability Allowances Received?	Yes / No

Child 2	
Surname:	
First Name:	
Middle Name/s:	
D.O.B	
Date became responsible for child (if not D.O.B)	
In Full Time, Non-advanced Education or an Approved Training Course: (if 16-19 yrs)?	Yes / No
If Yes to above, are they at University or studying a degree?	Yes / No
Registered with Local Careers Service or Connexions Service?	Yes / No
If Yes to above, what date did they register with the service?	
Any Registered Disabilities?	Yes / No
Any Disability Allowances Received?	Yes / No

Child 3	
Surname:	
First Name:	
Middle Name/s:	
D.O.B	
Date became responsible for child (if not D.O.B)	
In Full Time, Non-advanced Education or an Approved Training Course: (if 16-19 yrs)?	Yes / No
If Yes to above, are they at University or studying a degree?	Yes / No
Registered with Local Careers Service or Connexions Service?	Yes / No
If Yes to above, what date did they register with the service?	
Any Registered Disabilities?	Yes / No
Any Disability Allowances Received?	Yes / No

Child 4	
Surname:	
First Name:	
Middle Name/s:	
D.O.B	
Date became responsible for child (if not D.O.B)	
In Full Time, Non-advanced Education or an Approved Training Course: (if 16-19 yrs)?	Yes / No
If Yes to above, are they at University or studying a degree?	Yes / No
Registered with Local Careers Service or Connexions Service?	Yes / No
If Yes to above, what date did they register with the service?	
Any Registered Disabilities?	Yes / No
Any Disability Allowances Received?	Yes / No

Main Applicant	Child Benefit Reference Number
C H B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Applicants Partner	Child Benefit Reference Number
C H B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Child Care Costs

Do you pay for registered or approved child care for any of your children?	Yes / No
If "Yes" then how many children do you pay for this childcare for:	
Please give details of the amount of childcare paid over what period	

## Additional Information

I declare that the information given on this form is correct and complete to the best of my knowledge and belief.	
Signature: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>