

Council Tax

Request for Information



Revenues and Benefits Service

West Somerset House

Killick Way

Williton

Taunton

TA4 4QA

Telephone 01643 703704

Name:
Address:

«UserContact»

Date

Account number

Please read these notes before you fill in the form

Please complete as much of the form as you can, providing all of your Income and Expenditure details.

We may be able to agree a Direct Debit repayment plan for the amount outstanding if you complete and return the form within 21 days.

Please fill in the form using **black ink**. If you find it difficult to fill in the form, please telephone us on 01643 703704.

	You	Your partner
Full name	<input type="text"/>	<input type="text"/>
N.I. number	<input type="text"/>	<input type="text"/>
Contact telephone number	<input type="text"/>	<input type="text"/>
Employers name	<input type="text"/>	<input type="text"/>
Employers address	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
Your payroll / employee number	<input type="text"/>	<input type="text"/>
Your 'take home' pay	£ <input type="text"/>	£ <input type="text"/>
How often do you get paid? (weekly, 4-weekly or monthly)	every <input type="text"/>	every <input type="text"/>

Are you or your partner getting or waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, income-based Employment and Support Allowance or Pensioner Guarantee Credit?

No

Yes

If you would like this form translated into other languages or in Braille, large print, audiotape or CD, please contact us.

Please provide a breakdown of your income and expenditure.

INCOME AND EXPENSE BUDGET SHEET

Name		Is this a joint budget? YES / NO
Partner's name		

How many children living with you?			
under 14 years		over 14 years	
How many Non-dependent adults living with you?			

What is your employment status? Please circle						
Full time	Part-time	Self-employed	Unemployed	Student	Sickness/disability	Other

How many vehicles do you own?	
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INCOME

w = week 2wks = 2 weeks 4wks = 4 weeks m = month q = quarter y = year

	INCOME			Notes
1	Your salary / wages (take home)	£	every	
2	Partner's salary or wages (take home)	£	every	
3	Other earnings	£	every	
4	Other earnings	£	every	
5	Maintenance/child support	£	every	
6	Boarders or Lodgers	£	every	
7	Non-dependent contributions	£	every	
8	Student loans & grants	£	every	
9	Other	£	every	
	<i>Monthly total income</i>	£	every	
10	Jobseekers Allowance (income based)	£	every	
11	Jobseekers Allowance (Contribution based)	£	every	
12	Income Support	£	every	
13	Working Tax Credit	£	every	
14	Child Tax Credit	£	every	
15	Child Benefit	£	every	
16	Employment & Support Allowance/SSP	£	every	
17	Disability Living allowance – AA	£	every	
18	Carers allowance	£	every	
19	Housing Benefit / LHA	£	every	
19a	Council Tax Support	£	every	
20	Other (maternity allow /SMP etc)	£	every	
21	Other	£	every	
	<i>Monthly Total Benefits</i>			
	PENSIONS			
22	State pensions	£	every	
23	Private or work pension(s)	£	every	
24	Pension credit	£	every	
25	Other	£	every	
	<i>Monthly total Pensions</i>			

ASSETS OR EQUITY

26	Total value of property(ies)		29	Value of vehicle(s) (less HP)	
27	Mortgage outstanding		30	Savings	
28	Secured loan(s) outstanding		31	Other assets	
	<i>Total equity</i>			<i>Total other assets</i>	
Total Assets and Equity					

EXPENDITURE

	ESSENTIAL EXPENDITURE			Notes
32	Rent	£	every	
33	Ground rent and service charges	£	every	
34	Mortgage	£	every	
35	Other secured loans	£	every	
36	Mortgage Endowment /mortgage PPI	£	every	
37	Building & contents Insurance	£	every	
38	Pension & life insurance	£	every	
39	Council Tax	£	every	
40	Gas	£	every	
41	Electricity	£	every	
42	Water	£	every	
43	Other Utilities (coal, oil, calor gas)	£	every	
44	TV Licence	£	every	
45	Magistrates Sheriffs Court Fines	£	every	
46	Maintenance or child support	£	every	
47	Hire Purchase /conditional sale	£	every	
48	Child care costs	£	every	
49	Adult care costs	£	every	
50	Other	£	every	
51	Other	£	every	
52	Other	£	every	
	<i>Monthly total essential expenditure</i>			
	PHONE			
53	Home phone	£	every	
54	Mobile phone	£	every	
55	Other phone	£	every	
	<i>Monthly total Phone</i>			
	TRAVEL			
56	Public transport (work, school shopping)	£	every	
57	Other (e.g. taxis)	£	every	
58	Car insurance	£	every	
59	Vehicle tax	£	every	
60	Fuel (petrol, diesel, oil, etc)	£	every	
61	MOT and car maintenance	£	every	
62	Breakdown or recovery	£	every	
63	Parking charges or tolls	£	every	
64	Other car costs	£	every	
	<i>Monthly total travel</i>			

Your offer of repayment

Please use the space below to tell us what you are offering to repay your outstanding Council Tax balance.

Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. Read this declaration carefully before you sign and date it.

- **I declare** the information I have given on this form is correct and complete.
- **I understand** you could add a penalty of £70 to my Council Tax bill if I give wrong or incomplete information

Your signature

Date

/ /

Direct Debit

Paying by Direct Debit is the easiest way to pay your bill on time. You can choose to pay on the 1st, 8th, 15th or 23rd of the month. You are protected by the Direct Debit guarantee.



Complete and return the form below to pay by direct debit.

Once we get your instruction, we will write to tell you the amounts we will take from your bank or building society account.

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Please complete sections 1 to 8 below and return this form to:
West Somerset House, Killick Way, Williton, Taunton TA4 4QA



1. Name(s) of account holder(s)

2. Name and address of your bank/building society

3. Branch sort code

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4. Bank/building society account number

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Originators reference number

9	5	4	3	7	3
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5. Your Council Tax account number

6. Payment frequency – tick as appropriate

10 months (Apr-Jan) 12 months (Apr-Mar)

7. Payment date – tick as appropriate

1st 8th 15th 23rd

8. Instruction to your bank/building society

Please pay West Somerset Council direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee

Signature(s)

Date