

neil@littleandrutherford.co.uk

From: "Gavin McCloskey" <gavinm@pensionpractitioner.com>
To: "Neil Rutherford" <neil@littleandrutherford.co.uk>
Sent: 11 March 2011 07:52
Attach: 64-8 Form for authorising PP as client agent for PAYE.pdf; direct debit form for payment of tax to HMRC.pdf; Income Payment Form.pdf
Subject: PAYE

Neil,

with reference to the set up of you pension I need to get some forms completed to set up the PAYE.

Can you kindly complete the enclosed paperwork and return this back to me by next wednesday.

many thanks

GAVIN

Pension Practitioner .Com
Daws House
33-35 Daws Lane
London
NW7 4SD

T: 0800 634 4862
F: 020 8711 2522

UK Reg Co No: 6028668
VAT Reg No: 894312018
HMRC Practitioner Reg: 00005886

GAVIN

*As Requested,
Please Check Forms
Are Complete
Carefully,
Neil.*

IMPORTANT - PLEASE NOTE The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you received this in error please contact the sender and destroy this email.



Authorising your agent

Please read the notes on the back before completing this authority. This authority allows us to exchange and disclose information about you with your agent and to deal with them on matters within the responsibility of HM Revenue & Customs (HMRC), as specified on this form. This overrides any earlier authority given to HMRC. We will hold this authority until you tell us that the details have changed.

Please tick the box(es) and provide the reference(s) requested *only* for those matters for which you want HMRC to deal with your agent.

I, (print your name)

NEIL MORHAM RUTHERFORD

of (name of your business, company or trust if applicable)

RUTHERFORD PENSION PLAN

authorise HMRC to disclose information to

(agent's business name)

PENSION PRACTITIONER.COM

I agree that the nominated agent has agreed to act on my/our behalf, and the information is correct and complete.

The authorisation is limited to the matters shown on the right-hand side of this form.

Signature see note 1 overleaf before signing

Neil Morham Rutherford

Date

14 / 3 / 2011

Give your personal details or Company registered office here

Address

12 BEECH AVENUE
DUNBRECK
GLASGOW

Postcode

G41-5BX

Telephone number

0141 427 5391

Give your agent's details here

Address

DAW'S HOUSE
33-35 DAW'S LANE
LONDON

Postcode

NW7-4SD

Telephone number

0800 634 4862

Agent codes (SA/CT/PAYE)

Client reference

~~Individual*/Partnership*/Trust*~~ Tax Affairs *select
**delete as appropriate (including National Insurance)*

Your National Insurance number (individuals only)

Y X 8 2 6 6 3 4 B If you are self employed tick here

Unique Taxpayer Reference (if applicable)

If UTR not yet issued tick here

If you are a Self Assessment taxpayer, we will send your Statement of Account to you, but if you would like us to send it to your agent instead, please tick here

Tax Credits

Your National Insurance number (only if not entered above)

If you have a joint Tax Credit claim and the other claimant wants HMRC to deal with this agent, they should sign here
Name

Signature

Joint claimant's National Insurance number

Corporation Tax

Company Registration number

Company's Unique Taxpayer Reference

NOTE: Do not complete this section if you are an employee. Only tick the box if you are an employer operating PAYE

Employer PAYE Scheme

Employer PAYE reference

VAT (see notes 2 and 5 overleaf)

VAT registration number

If not yet registered tick here

For official use only

SA	/	/	COTAX	/	/
NIRS	/	/	EBS	/	/
COP	/	/	VAT	/	/
NTC	/	/	COP link	/	/

Instruction to your bank or building society to pay by Direct Debit

Please return the completed form to:

HM Revenue & Customs (HMRC)
Accounts Office Cumbernauld
Direct Debit Section
Glasgow
G67 1YZ

Name(s) of account holder(s)

RUTHERFORD PENSION PLAN

Bank/building society account number

06185919

Branch sort code

12-20-26

Name and address of your bank or building society

The Manager	Bank/building society
	BANK OF SCOTLAND 600 GORGIE ROAD EDINBURGH

Postcode EH11-3XP

Reference number

Service user number

9 1 9 3 4 2

HM Revenue & Customs official use only

This is not part of the instruction to your bank or building society.

If you are signing this form to pay on behalf of someone else, for example a spouse, son or daughter please complete the following details so we can write to you with confirmation of the payments to be collected.

Name

Address

Postcode

Phone number

Direct Debit reference

Instruction to your bank or building society

Please pay HM Revenue & Customs Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with HM Revenue & Customs and, if so, details will be passed electronically to my bank or building society.

Signature(s)

Date DD MM YYYY

Banks and building societies may not accept Direct Debit Instructions for some types of account.

This guarantee should be detached and kept by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit HM Revenue & Customs will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request HM Revenue & Customs to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by HM Revenue & Customs or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when HM Revenue & Customs asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



Pension Income Payment Form

Name of Scheme RUTHERFORD PENSION PLAN

Name of Member NEK MORHAM RUTHERFORD

Date of Birth 26 / 12 / 1956

National Insurance Number YX 82 66 34 B

Tax Code (if not available, we will use an emergency code) 603 L

Commencement date of pension 31 / 03 / 2011

Gross annual pension required _____

Frequency of Payment M/Q/A M

Reserve Required for a spouses pension Y/N

Reserve required for pension guarantee Y/N

Reserve Required for pension increases Y/N

To be paid as:

Please tick one box

Unsecured Pension Income

Alternative Secured Pension

Scheme Pension

Lifetime Annuity

Signed:

Dated: 14 / 03 / 2011

To be completed by Pension Practitioner .Com

Fund designated to provide benefits

Enter P46 where no tax code available

Enter P45 where tax code is available

Please email to: admin@pensionpractitioner.com or fax this to: 020 8711 2522