

# Tax credits and Child Benefit Authority for an intermediary to act on your behalf

## Who should fill in this form

Fill in this form if you want an intermediary, such as a relative or Citizens Advice, to act on your behalf about your tax credits or Child Benefit. Do not use it to authorise an accountant or other paid professional advisor to act on your behalf. This authority does not allow your intermediary to request personal information held about you under the subject access provisions of the Data Protection Act 2018 and the General Data Protection Regulation. For a joint tax credits claim, both applicants need to fill in and sign this form.

our details	Your partner's details
Title	Title
Last name or family name	Last name or family name
First name and middle names	First name and middle names
First name	First name
Middle names	Middle names
Address	Address if different from your partner
Postcode  Date of birth DD MM YYYY  National Insurance number if any  ntermediary's details fill in all relevant books  Name and address	Postcode  Date of birth DD MM YYYY  National Insurance number if any  Exes  Name of organisation if applicable
First name	
Last name or family name	Organisation reference number if applicable
Address	
	Name of caseworker if any
Postcode	Construction of the constr
Phone number	Case reference if any
What is the intermediary's relationship to you? Complete all the boxes that apply to you  Relative Friend	You must now complete the authority on page 2
Employer Third party organisation	

## Tax credits/Child Benefit authority

I have read the Data Protection Act message below and agree that HM Revenue and Customs may give information to, and talk to, the organisation or person named on this form about my: (tick the appropriate box below to show which claim or claims your authority applies to)  • Child Tax Credit/Working Tax Credit (if you claimed tax credits as a couple, your partner must also sign below)  • Child Benefit/Guardian's Allowance		
The authority will last for 12 months from the date you sign this form unless you enter an earlier or later end date in this box.		
End date DD MM YYYY		
Your signature	Your partner's signature	
We do not accept scanned or photocopied signatures		
Date signed DD MM YYYY	Date signed DD MM YYYY	

#### **Data Protection Act**

#### How we use your information

HM Revenue and Customs is a Data Controller under the Data Protection Act 2018 and the General Data Protection Regulation. We hold information for the purposes specified in our notification to the Information Commissioner, including the assessment and collection of tax and duties, the payment of benefits and the prevention and detection of crime, and may use this information for any of them.

We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits to:

- · check the accuracy of information
- · prevent or detect crime
- · protect public funds

We may check information we receive about you with what is already in our records. This can include information provided by you, as well as by others, such as other government departments or agencies and overseas tax and customs authorities. We will not give information to anyone outside HM Revenue and Customs unless the law permits us to do so.



For more information, go to www.gov.uk/data-protection

## Your rights and obligations

Your Charter explains what you can expect from us and what we expect from you.

For more information, go to www.gov.uk/hmrc/your-charter

### What to do now

When you have filled in this form send it to:

Tax Credits Office IAA Team **HMRC** BX9 1ER



You do not need to include a street name or PO box