P565 Pad

Consecutive number XXXXXX – XXXXXX

Disposal of overpayment

To Accounting & Payments Service

√ *appropriate box*

Cumbernauld ☐ Shipley ☐

Consecutive number

| 0 | 0 | 0 | 0 | 0 | 1 |

Employer's details

Employer's name *(Use CAPITALS)*

Employer's reference

Accounts Office reference

| | | P | | | | | | | | | |

Details of overpayment

		Tax	NIC	Total
Year ending 5 April		£	£	£

(Include 'M' to show a minus amount of tax or NIC)

√ one of these boxes in all cases. ☐ Wrongly allocated payment or ☐ Genuine Overpayment

Where it is genuine overpayment, RPI will be considered.

Disposal of the overpayment

☐ **Reallocate to tax year**

OAS Number *(AO Use only)*

Tax	NIC
£	£

Year ending 5 April

☐ **Treat as permanent overpayment**

Tax	NIC
£	£

Note: only overpayments of £10.00 or less should be put to permanent overpayments.

☐ **Repay**

Tax	NIC
£	£

Name of Payee *(Complete in all cases using CAPITALS)*

Full name

Address of where payable order is to be sent
(Use CAPITALS)

Address

Postcode

Notional overpayment included in total repayment

Tax	NIC
£	£

☐ **Reallocate to another** √ *as appropriate*

☐ type of tax *for example SA, CT, Reg 80 determinations*

☐ employer

Tax	NIC
£	£

Year ending 5 April

Employer/taxpayer's name if different from above

Accounts Office/Collection/Head of Duty reference

☐ **Special circumstances** *(please give details here)*

Date stamp

Authorising officer's signature

Telephone number

Repayment Security officer's signature *(This must not be the Authorising officer)*

P565 (part 1)

Disposal of overpayment

To Accounting & Payments Service

√ *appropriate box*

Cumbernauld ☐   Shipley ☐

Consecutive number

0	0	0	0	0	1

Employer's details

Employer's name *(Use CAPITALS)*

Employer's reference

Accounts Office reference

		P								

Details of overpayment

		Tax	NIC	Total
Year ending 5 April		£	£	£

(Include 'M' to show a minus amount of tax or NIC)

√ one of these boxes in all cases. ☐ Wrongly allocated payment or ☐ Genuine Overpayment

Where it is genuine overpayment, RPI will be considered.

Disposal of the overpayment

☐ **Reallocate to tax year**

OAS Number *(AO Use only)*

	Tax	NIC
Year ending 5 April	£	£

☐ **Treat as permanent overpayment**

Tax	NIC
£	£

Note: only overpayments of £10.00 or less should be put to permanent overpayments.

☐ **Repay**

Tax	NIC
£	£

Name of Payee *(Complete in all cases using CAPITALS)*

Full name

Address of where payable order is to be sent
(Use CAPITALS)

Address

Postcode

Notional overpayment included in total repayment

Tax	NIC
£	£

☐ **Reallocate to another**   √ *as appropriate*

☐ type of tax   *for example SA, CT, Reg 80 determinations*

☐ employer

Tax	NIC
£	£

Year ending 5 April

Employer/taxpayer's name if different from above

Accounts Office/Collection/Head of Duty reference

☐ **Special circumstances** *(please give details here)*

Date stamp

Authorising officer's signature

Telephone number

Repayment Security officer's signature *(This must not be the Authorising officer)*

P565 (part 2) (Employer's file copy)

Disposal of overpayment

To Accounting & Payments Service

√ *appropriate box*

○ Cumbernauld ☐   Shipley ☐

Consecutive number

0	0	0	0	0	1

Employer's details

Employer's name *(Use CAPITALS)*

Employer's reference

Accounts Office reference

		P								P

Details of overpayment

	Tax	NIC	Total
Year ending 5 April [ ]	£	£	£

(Include 'M' to show a minus amount of tax or NIC)

√ one of these boxes in all cases. ☐ Wrongly allocated payment or ☐ Genuine Overpayment

Where it is genuine overpayment, RPI will be considered.

Disposal of the overpayment

○ ☐ **Reallocate to tax year**

OAS Number *(AO Use only)*

	Tax	NIC
Year ending 5 April [ ]	£	£

☐ **Treat as permanent overpayment**

Tax	NIC
£	£

Note: only overpayments of £10.00 or less should be put to permanent overpayments.

☐ **Repay**

Tax	NIC
£	£

Name of Payee *(Complete in all cases using CAPITALS)*

Address of where payable order is to be sent *(Use CAPITALS)*

Full name

Address

Postcode

○ **Notional overpayment included in total repayment**

Tax	NIC
£	£

☐ **Reallocate to another**   √ *as appropriate*

☐ type of tax   *for example SA, CT, Reg 80 determinations*

☐ employer

Tax	NIC
£	£

Year ending 5 April [ ]

Employer/taxpayer's name if different from above

Accounts Office/Collection/Head of Duty reference

☐ **Special circumstances** *(please give details here)*

○ Authorising officer's signature

Telephone number

Date stamp

Repayment Security officer's signature *(This must not be the Authorising officer)*

P565 (part 3)(RSO copy)