

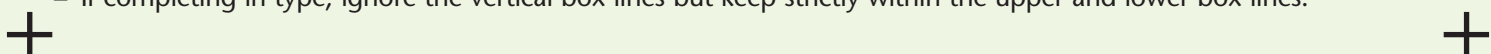
Local Authority annual return of interest paid and report of cross border savings income

You should only use this form if your institution reference number begins with L. For guidance notes on how to complete this form, including the codes to use, go to www.hmrc.gov.uk/esd-guidance/s17-s18-si-reporting.htm. If you need more help, please phone us on 0151 472 6129. We cannot accept forms that have been photocopied or downloaded from the internet, so if you need more copies please phone the Orderline on 01726 201 037. Please return your completed form to HMRC, CRI Data Capture Unit, Ty Glas Road, Llanishen, Cardiff, CF14 5ZG.

Summary of completion instructions

Refer to the report completion guidance notes

- Please complete the fields of boxes below in **black ink** using capital letters. Do not use punctuation marks.
- Begin entries in the left hand box below, leaving a space between words or groups of figures.
- You may complete the whole form *either* in manuscript *or* by using a typeface - use *ARIAL*, or another plain type.
 - If completing by hand or manuscript, ensure that each letter or digit is wholly within the white area of a box.
 - If completing in type, ignore the vertical box lines but keep strictly within the upper and lower box lines.



Return details	Institution reference number	<input type="text"/>	/	<input type="text"/>	SI 03/3297 report	<input type="text"/>	Tax year	ccyy	<input type="text"/>	<input type="text"/>	
Account or security details	Sort code if applicable	<input type="text"/>	<input type="text"/>	<input type="text"/>	Income code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Account or security number	<input type="text"/>									
Account/Client name or relevant Payee/Residual Entity name	<input type="text"/>										
Reportable participants' name	Name 1	<input type="text"/>									
	Name 2	<input type="text"/>									
Other details	Number of participants	<input type="text"/>	<input type="text"/>	<input type="text"/>	Form consecutive number	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Property number	<input type="text"/>	Street or building	<input type="text"/>							
	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country code for country of residence	<input type="text"/>	<input type="text"/>				
Personal details	NI number	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DD MM CCYY	
	Tax identification number	<input type="text"/>							Country code for place of birth	<input type="text"/>	<input type="text"/>
	Place of birth	<input type="text"/>									
Gross interest	<input type="text"/>										
Tax deducted	<input type="text"/>										
Other financial details	Currency code	<input type="text"/>	Conversion to sterling	<input type="text"/>	Post 5/4/01 R105	<input type="text"/>	R85 signal	<input type="text"/>	New account indicator	<input type="text"/>	

SAMPLE ONLY

MAKE NO MARKS ON THIS FORM OUTSIDE THE COMPLETION BOXES. DO NOT FOLD THE FORM.

