

REQUEST FOR INFORMATION

Pursuant to Regulation 36 of the Council Tax (Administration and Enforcement Regulations) 1992, you are requested to provide the following information. (Please complete in capitals.)

This form must be completed and returned to the Council within 14 days. Please return to Revenues Department, PO BOX No 5327, Civic Offices, 1 Saxon Gate East, Central Milton Keynes, MK9 3ZA or by Email to counciltax@milton-keynes.gov.uk

PLEASE NOTE THAT IT IS A CRIMINAL OFFENCE:

- (a) To refuse to supply information – a fine of up to £500 can be imposed by the Magistrates' Court
- (b) To knowingly or recklessly supply false information – a fine of up to £1000 can be imposed by the Magistrates' Court

1.	YOUR DETAILS			
	Full Name			
	Address			
	National Insurance Number		Date of birth	
	Account Number			

2.	EMPLOYMENT			
	Employer's Name and Address			
	Employer's Telephone No			
	Position Held		Payroll No	
	Hours worked			

3.	INCOME			
	NET EARNINGS(after deductions)	£		
			<input type="checkbox"/> Weekly <input type="checkbox"/> 2Weekly <input type="checkbox"/> 4Weekly <input type="checkbox"/> Monthly	
	Are there any Attachment of Earnings Orders already being deducted from your wages?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	If Yes, how much?	£		
	When are they expected to finish?			
	Do you have any other household income?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	If Yes, what is the amount of income?	£	<input type="checkbox"/> Weekly <input type="checkbox"/> 2Weekly <input type="checkbox"/> 4Weekly <input type="checkbox"/> Monthly	
	Please give full details of this income			
	Are you in receipt of any Benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	If Yes, (please specify benefits received and amount received)			

4	PARTNER'S INCOME			
	Partners Name			
	National Insurance Number		Date of birth	
	NET EARNINGS(after deductions)	£	<input type="checkbox"/> Weekly <input type="checkbox"/> 2Weekly <input type="checkbox"/> 4Weekly <input type="checkbox"/> Monthly	
	Employer's Name			
	Employer's Address			
	Employer's Telephone No			
	Position Held		Payroll No	
	Hours worked			
	Are there any Attachment of Earnings Orders already being deducted from your wages?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	If Yes, how much?	£		

5.	I declare that to the best of my knowledge and belief the information I have given is true and that if I have supplied false information I shall be liable to prosecution.			
	Signature:	Date:		
	Daytime telephone number:			