

Status: Point in time view as at 02/09/1996.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1 . (See end of Document for details)

SCHEDULE 1

Regulation 5(1)

.....

Commencement Information

II Sch. 1 in force at 20.10.1995, see **reg. 1**

Form No. 1

Status: Point in time view as at 02/09/1996.

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Application For VAT Registration

You should read the notes in the registration leaflet "Should I be Registered for VAT?" which will help you to answer these questions. Failure to answer questions correctly may result in a delay in your registration number being advised to you.

Please write clearly in black ink.

VAT 1

Do not detach

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1. Enter your FULL NAME. Write in BLOCK LETTERS and leave a space between words

Grid for entering full name in block letters.

2. Enter your TRADING NAME if it is different from the name entered at 1

Grid for entering trading name.

3. Enter the address of your PRINCIPAL PLACE OF BUSINESS

Grid for entering principal place of business address.

Phone No.

Input field for phone number.

Postcode

Input field for postcode.

4. Describe your main BUSINESS ACTIVITY IN FULL please (see note 4)

Input field for describing main business activity.

5. Who is the BUSINESS OWNED by ? (see note 5 and tick ONE BOX only)

Sole Proprietor

or Partnership

If partnership please ensure you ALSO complete form VAT 2

or Limited Company

Please enter details from Company Incorporation Certificate below.

Certificate Number

Date of certificate

or Other

Please give details

6. Was your BUSINESS TRANSFERRED to you or your company as a GOING CONCERN?

YES

NO

If YES, enter the date of transfer

and also

Enter the PREVIOUS OWNER'S name

Input field for previous owner's name.

and VAT REGISTRATION NUMBER

Input field for VAT registration number.

Do you want to RETAIN the VAT NUMBER of the previous owner?

YES

NO

(see note 6)

If you tick YES then both you and the previous owner MUST also complete form VAT 68

7. Enter EITHER your BANK SORT CODE

and ACCOUNT NUMBER

or your GIROBANK ACCOUNT NUMBER

Input field for bank sort code.

Input field for account number.

Input field for girobank account number.

8. Do you use a COMPUTER FOR ACCOUNTING? (see note 8 and tick one box only)

YES

NO

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9. Please read NOTE 9 in the leaflet before you answer this question

Have you made any TAXABLE SUPPLIES yet?

YES I MADE my first supply on Go to 10
NO But I INTEND TO start on You must enclose EVIDENCE to support your application. Go to 11

10. Has the VALUE of your business's TAXABLE SUPPLIES in the last 12 months OR LESS exceeded the registration limit? (see note 10)

YES Go to 12 NO Go to 11

11. Will the TOTAL value of TAXABLE SUPPLIES which you will make in the NEXT 30 DAYS exceed the registration limit?

YES Go to 12 NO Go to 13

12. If the answer to EITHER QUESTION 10 or 11 is YES from what date MUST you be REGISTERED for VAT?

(see note 12 - this is VERY IMPORTANT)

I am REQUIRED to be registered from
But I would LIKE TO BE registered from this earlier date Go to 14

13. I am NOT REQUIRED to be registered but I WISH TO BE registered from Go to 14

14. Please enter the ESTIMATED VALUE of TAXABLE SUPPLIES you expect to make in the next 12 months

15. What VALUE of GOODS are you likely to sell to or buy from other EC Countries in the next 12 months? (Leave blank if NIL)

SELL £ BUY £

16. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?

YES and my ZERO RATED supplies amount to £ in the next 12 months
NO

17. Do you expect to be ENTITLED to REGULAR REPAYMENTS of VAT? (Tick one box) YES NO

18. Are there any other VAT REGISTRATIONS in which you are involved (see note 18 if in doubt)?

YES If YES please enter the registration numbers in the boxes provided. (Please continue on a separate sheet if necessary)
NO

19. YOU MUST COMPLETE THE FOLLOWING DECLARATION IN FULL (see note 19)

I (enter your full name in BLOCK LETTERS)
DECLARE that the information entered on this form and contained in any accompanying documents is true and complete.

Signature Date

Tick ONE box Proprietor Director Trustee
Partner Company Secretary Authorised Official

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Regulation 5(1)

VALUE ADDED TAX Partnership Details

HM Customs and Excise

For official use only
Date of receipt

Registration No (where known)

Each partner should complete one of the sections below.
Please start at the beginning of each line and leave a space between words.
Please use BLOCK CAPITALS and write clearly in ink.

1 Partner details

Full name _____

Home address _____

Home telephone _____

Signature _____ Date _____ Postcode _____

2 Partner details

Full name _____

Home address _____

Home telephone _____

Signature _____ Date _____ Postcode _____

3 Partner details

Full name _____

Home address _____

Home telephone _____

Signature _____ Date _____ Postcode _____

4 Partner details

Full name _____

Home address _____

Home telephone _____

Signature _____ Date _____ Postcode _____

VAT 2 02/8063/93/79/10 1 4/98 1

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5	Partner details
Full name	<input type="text"/>
Home address	<input type="text"/> <input type="text"/> <input type="text"/>
Home telephone	<input type="text"/>
Signature	_____ Date _____ Postcode <input type="text"/>
6	Partner details
Full name	<input type="text"/>
Home address	<input type="text"/> <input type="text"/> <input type="text"/>
Home telephone	<input type="text"/>
Signature	_____ Date _____ Postcode <input type="text"/>
7	Partner details
Full name	<input type="text"/>
Home address	<input type="text"/> <input type="text"/> <input type="text"/>
Home telephone	<input type="text"/>
Signature	_____ Date _____ Postcode <input type="text"/>
8	Partner details
Full name	<input type="text"/>
Home address	<input type="text"/> <input type="text"/> <input type="text"/>
Home telephone	<input type="text"/>
Signature	_____ Date _____ Postcode <input type="text"/>
9	Partner details
Full name	<input type="text"/>
Home address	<input type="text"/> <input type="text"/> <input type="text"/>
Home telephone	<input type="text"/>
Signature	_____ Date _____ Postcode <input type="text"/>

CD 905/R/M(0796)

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Regulation 6(1)

Both Parts of this application form must be filled in

Part 1 To be completed by the new owner

Part 2 To be completed by the previous owner

*I/we took over a business as a going concern on

date	19
from	
(name of previous owner)	

*I/we enclose/have already returned Form VAT 1, and apply to use the previous owner's VAT registration number

--	--	--	--	--	--	--	--	--	--

If the application is granted *I/we agree:

- to send *my/our first VAT return to Customs and Excise with all the VAT due for the whole period covered by the return
- to send in any returns due from but not made by the previous owner
- to pay Customs and Excise, when asked, any VAT due on supplies made by the previous owner before the business was transferred - including any VAT on stocks and assets kept by the previous owner.
- that any return made in the previous owner's name for a period after the transfer date will be regarded as made by *me/us
- that any payment made by Customs and Excise to the previous owner before the reallocation of the registration number will satisfy any right *I/we have to that money.

Signature(s) _____

 (Proprietor, partners, director, company secretary)

date _____ 19

*delete as necessary

*I/we transferred a business as a going concern on

date	19
to	
(name of new owner)	

From that date *I am/we are no longer liable or eligible to be registered or *I/we withdraw *my/our request for voluntary registration. *I/we agree to the VAT registration number shown opposite being allocated to the new owner.

If the application is granted *I/we declare that:

- the new owner will be entitled to reclaim any input tax which *I/we could have reclaimed if the registration number had not been transferred
- any payment made by Customs and Excise to the new owner will satisfy any right *I/we have to that money
- *I/we have retained stocks and assets valued at £ _____, including VAT.

I/we can be contacted at the following address after the date of transfer:

Signature(s) _____

 (Proprietor, partners, director, company secretary, executor)

date _____ 19

*delete as necessary

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Regulation 25(1)



Value Added Tax Return
For the period
to

For Official Use

Registration number Period

You could be liable to a financial penalty if your completed return and all the VAT payable are not received by the due date.

Due date:

For official use D O R only	
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File Here

Before you fill in this form please read the notes on the back and the VAT leaflet "Filing in your VAT return". Fill in all boxes clearly in ink, and write 'none' where necessary. Don't put a dash or leave any box blank. If there are no pence write "00" in the pence column. Do not enter more than one amount in any box.

		£	p
For official use	1	VAT due in this period on sales and other outputs	
	2	VAT due in this period on acquisitions from other EC Member States	
	3	Total VAT due (the sum of boxes 1 and 2)	
	4	VAT reclaimed in this period on purchases and other inputs (including acquisitions from the EC)	
	5	Net VAT (to be paid to Customs or reclaimed by you (Difference between boxes 3 and 4))	
	6	Total value of sales and all other outputs excluding any VAT. Include your box 8 figure	00
	7	Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure	00
	8	Total value of all supplies of goods and related services, excluding any VAT, to other EC Member States	00
	9	Total value of all acquisitions of goods and related services, excluding any VAT, from other EC Member States	00
	Retail schemes. If you have used any of the schemes in the period covered by this return, enter the relevant letter(s) in this box: <input style="width: 100px;" type="text"/>		

If you are enclosing a payment please tick this box. <input style="width: 30px; height: 20px;" type="checkbox"/>	DECLARATION: You, or someone on your behalf, must sign below. I, declare that the (Full name of signatory in BLOCK LETTERS) information given above is true and complete. Signature Date 19..... <p style="text-align: center;">A false declaration can result in prosecution.</p>
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PO1(April 1985)

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VAT 100 (F.16)

Form No. 5

Status: Point in time view as at 02/09/1996.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulations 23, 25(4)



Final Value Added Tax Return
For the period
to

For Official Use

Registration number

Period

You could be liable to a financial penalty if your completed return and all the VAT payable are not received by the due date.

Due date:

For official use D O R only	
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Fold here

Before you fill in this form please read the notes on the back and the VAT leaflet "Filing in your VAT return". Fill in all boxes clearly in ink, and write 'none' where necessary. Don't put a dash or leave any box blank. If there are no pence write "00" in the pence column. Do not enter more than one amount in any box.

		£		p
For official use	VAT due in this period on sales and other outputs	1		
	VAT due in this period on acquisitions from other EC Member States	2		
	Total VAT due (the sum of boxes 1 and 2)	3		
	VAT reclaimed in this period on purchases and other inputs (including acquisitions from the EC)	4		
	Net VAT to be paid in Customs or reclaimed by you. (Difference between boxes 3 and 4)	5		
	Total value of sales and all other outputs excluding any VAT. Include your box 8 figure	6		00
	Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure	7		00
	Total value of all supplies of goods and related services, excluding any VAT, to other EC Member States	8		00
	Total value of all acquisitions of goods and related services, excluding any VAT, from other EC Member States	9		00
	Retail schemes. If you have used any of the schemes in the period covered by this return, enter the relevant letter(s) in this box.			

If you are enclosing a payment please tick this box. <input type="checkbox"/>	DECLARATION: You, or someone on your behalf, must sign below. I, declare that the (Full name of signatory in BLOCK LETTERS) information given above is true and complete. Signature Date 19..... A false declaration can result in prosecution.
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PCU/Apr 1995

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VAT 193

Form No. 6

Status: Point in time view as at 02/09/1996.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1 . (See end of Document for details)

Regulation 5(1)

Application For VAT Registration

You should read the notes in the registration booklet "Should I be Registered for VAT?- Distance Selling" which will help you to answer these questions.
Please write clearly in black ink.

GD 3478(1100)

Do not detach

Status: Point in time view as at 02/09/1996.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

1. Enter the NAME of the PERSON MAKING DISTANCE SALES to the UK. Write in BLOCK LETTERS and leave a space between words

Grid for entering the name of the person making distance sales to the UK.

2. Enter the NAME of the UK TAX REPRESENTATIVE (see note 2)

Grid for entering the name of the UK tax representative.

3. Please give the ADDRESS of the TAX REPRESENTATIVE or the ADDRESS of the PERSON NAMED at box 1 if a tax representative has not been appointed

Grid for entering the address of the tax representative or the person named at box 1.

Phone No.

Box for entering the phone number.

Postcode

Box for entering the postcode.

4. Describe your main BUSINESS ACTIVITY IN FULL please (See note 4)

Box for describing the main business activity in full.

5. Who is the BUSINESS OWNED by ? (See Note 5 and tick ONE BOX only)

Sole Proprietor

or Partnership

Please ensure you ALSO complete form VAT 2.

or Limited Company

or Other

Please give details

Box for providing details for 'Other' ownership.

6. Enter your UK BANK DETAILS or YOUR TAX REPRESENTATIVE'S BANK DETAILS: (See Note 6)

Bank Sort Code

Account Number

Giro Bank Account Number

Box for entering the bank sort code.

Box for entering the account number.

or

Box for entering the giro bank account number.

7. Do you use a COMPUTER FOR ACCOUNTING ? (See Note 7 and tick one box only) YES

NO

8. Has the value of your DISTANCE SALES to customers in the UK exceeded the UK distance selling threshold at any time in the calendar year commencing 1st January 1993 or any subsequent calendar year?

YES

and I exceeded the threshold on

Box for entering the date when the threshold was exceeded.

Go to 11

NO

Go to 9

VAT 1A

CO 8425/1/93 (1/1993)

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9. Have you exercised the OPTION TO MAKE THE PLACE OF SUPPLY THE UK, although you have NOT exceeded the UK threshold? (see note 9)

Tick one box

NO Go to 10

YES and the option was exercised in on

Please enter the date of your first taxable supply in the UK

10. Do you intend to make distance sales of GOODS LIABLE TO EXCISE DUTY to the UK?

NO Go to 12

YES Please enter the estimated date of your first taxable supply in the UK.

11. (See note 11 - this is VERY IMPORTANT)

I am REQUIRED TO BE REGISTERED from

But I would LIKE TO BE REGISTERED from this earlier date Go to 13

12. Do you intend to exercise the OPTION TO MAKE THE PLACE OF SUPPLY of your distance sales the UK?

NO

YES Please enter the estimated date of your first taxable supply in the UK

The date from which I wish to be registered is

13. Please enter the ESTIMATED VALUE OF DISTANCE SALES you expect to make to the UK in the next 12 months

£

14. Declaration

I
(Full name in BLOCK LETTERS)

declare that all the entered details and information in any accompanying documents are correct and complete

Signature

Tick one box

- Proprietor
- Partner
- Director
- Company Secretary
- Authorised Official (including tax representative)
- Trustee

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Regulation 5(1)

Application For VAT Registration

You should read the notes in the registration booklet "Should I be Registered for VAT?: Acquisitions" which will help you to answer these questions.

Please write clearly in black ink.

CD 3438941 (1/1/92)

Do not detach

Status: Point in time view as at 02/09/1996.

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9. Has the VALUE of your ACQUISITIONS from persons in other EC countries exceeded the registration limit at any time in the calendar year commencing 1st January 1993 or any subsequent calendar year?

Yes and I exceeded the threshold on

because the value of my acquisitions from 1st January amounted to £ Go to 10

No because the value of my acquisitions from 1st January amounted to £

If the answer is NO do you expect the value of ACQUISITIONS you will make in the next 30 days to exceed the registration limit?

Yes Go to 10

No Go to 11

10. If the answer to EITHER PART OF QUESTION 9 is YES, from what date MUST you be registered for VAT? (See note 10) - This is VERY IMPORTANT

I am required to be registered from

But I would like to be registered from this earlier date Go to 12

11. I am NOT REQUIRED to be registered but I WISH to be registered from

12. Do you make taxable supplies in the UK?

YES Please enter the ESTIMATED VALUE OF TAXABLE SUPPLIES

you have made in the last 12 months £

NO

13. Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?

Yes and my zero-rated acquisitions amount to £

No

14. Declaration

I (Full Name in BLOCK LETTERS)

declare that all the entered details and information in any accompanying documents are correct and complete

Signature

Tick one box

Proprietor

Partner

Director

Company Secretary

Authorised Official

Trustee

Status: Point in time view as at 02/09/1996.

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Regulation 191(1)

VAT 65A



Official authority to which the application is addressed

Is this your first application? If not, please give Reference No.

HM Customs and Excise
 VAT Overseas Repayments
 8th/13th Directive
 Custom House
 PO Box 34
 LONDONDERRY BT48 7AE
 Northern Ireland

[]

APPLICATION
 by a business person not
 established in the Community for
**REFUND OF
 VALUE ADDED TAX**
 (Please read the explanatory notes
 before filling in)

1	Forenames and surname or name of firm of applicant			
	House number and street name			
	Place, country and post code			
2	Nature of applicant's business			
3	Particulars of the Official Authority and tax/Business Registration No. in the country in which the applicant is established or has his/her domicile or normal place of residence			
4	Period to which the application refers	From	To	
		Month	Year	Month
5	Total amount of refund requested (In figures; see overleaf for itemised list)	£		
6	The applicant requests the refund of the amount shown in heading 5 in the manner described in heading 7			
7	Method of settlement requested (*)	Bank account <input type="checkbox"/>	Postal account <input type="checkbox"/>	
	Account number	CIBIC number of financial body		
	Account in the name of			
	Name and address of the financial body			
8	No. of documents enclosed: Invoices..... Import documents.....			
9	The applicant hereby declares			
	(a) that the goods or services specified overleaf were used for the following business activities in the United Kingdom:			
			
	(b) that in the United Kingdom during the period covered by this application, he/she engaged in			
	<input type="checkbox"/>	(*) no supply of goods or services		
	<input type="checkbox"/>	(*) only the provision of services in respect of which tax is payable solely by the person to whom they are supplied		
	<input type="checkbox"/>	(*) only in the provision of certain exempted transport services ancillary thereto		
	(c) that the particulars given in this application are true			
	The applicant undertakes to pay back any monies wrongfully obtained			

(*) Insert x in the appropriate box

(*) Insert x in the appropriate box

At..... on..... (Place) (Date) (Signature)

NOTE: Box 10 overleaf MUST be completed

VAT 65A

GD 0274/1/95(1/94)

Page 1. 1994 (January 1994)

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Regulation 191(1)(b)



Certificate of Status of Business Person

The undersigned
(Name and address of official authority)

certifies that
(Name of business person)

.....
(Nature of activity)

.....
(Address of the Establishment)

is a registered business person in
(Name of country)

*his registration number being

--	--	--	--	--	--	--	--	--	--

Date

Signature

Office date stamp

.....
(Name and grade)

*If the applicant does not have a registration number, the official authority should state the reason for this.

VAT 68A CD 3299(NS)(07/92)

F 88091)

Status: Point in time view as at 02/09/1996.

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Regulation 201(a)



VAT refunds for DIY builders

1

Office date stamp

Serial number of claim

Part 1: Claim form

This Part must be filled in by the person making the claim. This form makes its own carbon copy. Please write in BLOCK LETTERS in black ball point pen. If you make a mistake, cross it out, insert the correct details above it and initial the alteration.

Your full name

Name of occupant of dwelling (if different)

If you are claiming on behalf of a charity:
Name of charity

Your status (ie Secretary, Director, duly authorised person)

1. Address of building you are claiming for

Postcode

2. Your address (if different)

Postcode

To which above address should the refund be sent? 1 2

Your daytime phone number

Date of completion

day	month	year
		19

Date of occupation or use

day	month	year
		19

Are you, or have you been, a director, sole proprietor or partner of any VAT registered business?

Yes No

If 'Yes', you must give the VAT registration number here

Is your claim only for goods used to 'fit out' or 'finish off' the building (paragraph 4 of the Notice)?

Yes No

Summary of Parts 3 and 4	£	p
Total amount of VAT claimed on Part 3 (Taken from 'VAT paid' column of Part 3)		
Total amount of VAT claimed on Part 4 (Taken from 'Calculated VAT' column of Part 4)		
Total amount claimed		

Declaration


I declare that:

- I have read Notice 719
- all the entered details and information on this form and any accompanying documents are correct
- no other claim has been, or will be, made for these supplies
- the building described in Part 2 is to be used solely for the purposes of the charity named above
- I am only reclaiming VAT which was correctly charged to me, and which I paid, on goods I imported or bought from a VAT registered supplier
- planning permission has been granted for the building described in Part 2.

Signature of person making the claim Date

WARNING There are heavy penalties for making false claims. If you are in any doubt please check with your local VAT office BEFORE you sign this form.

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**VAT refunds for
DIY builders**

2

Name of claimant (BLOCK LETTERS)

Part 2: Description of building and quantities of goods and materials used

Please write in black ink. If you make a mistake, cross it out and insert the correct details above it.
The person making the claim must initial the alteration.


<p>Description of building Type eg bungalow, village hall</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>* Detached/semi-detached/teraced</p>	<p>Number of storeys (Count ground floor as one storey)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Number of bedrooms</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Number of kitchens</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Number of reception rooms</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Number of bathrooms/cloakrooms</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Ground floor area</p> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: right; font-size: 8px;">m²/ft²</div>	<p>Garages</p> <p>Built-in</p> <table border="0" style="width: 100%; font-size: 8px;"> <tr> <td style="width: 15%;">Number</td> <td style="width: 15%;">Single</td> <td style="width: 15%;">* double</td> <td style="width: 15%;">Total floor area</td> <td style="width: 15%; text-align: right;">m²/ft²</td> </tr> <tr> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> </tr> </table> <p>Detached</p> <table border="0" style="width: 100%; font-size: 8px;"> <tr> <td style="width: 15%;">Number</td> <td style="width: 15%;">Single</td> <td style="width: 15%;">* double</td> <td style="width: 15%;">Total floor area</td> <td style="width: 15%; text-align: right;">m²/ft²</td> </tr> <tr> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> </tr> </table>	Number	Single	* double	Total floor area	m ² /ft ²	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Number	Single	* double	Total floor area	m ² /ft ²	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
Number	Single	* double	Total floor area	m ² /ft ²																			
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<p>Quantities of materials used. If your claim is only for goods used to 'fit out' or 'finish off' the building, you need only list those goods you are claiming for. If not, you must list all materials used, even those you are not claiming for. Please fill in the quantities in the units specified. The conversion table on the folder will help you to do this.</p>																							

Item	Quantity		Unit	Item	Quantity		Unit
	Amount	Unit			Amount	Unit	
Cement			Tonnes	Paint - undercoating			Litres
Sand			*Tonnes/m ³	Paint - emulsion			Litres
Aggregate			*Tonnes/m ³	Paint - woodprimer			Litres
Lime			Tonnes	Paint - finishing coat			Litres
Facing Bricks			Number	Cold water storage tank			Number
Common Bricks			Number	Copper cylinder			Number
Stocks/engineering etc bricks			Number	Ironmongery for doors			Number
Windows			Number	Sink, drainer and taps			Number
Glazing			m ²	Washbasin and taps			Number
Roofing tiles			Number	WC Suite			Number
Roofing felt			Rolls	Bath and taps			Number
Floor tiles			Number	Heating			Number of radiators
Copper tubing			Metres	Brief description			
Plaster			Tonnes	Type of heater unit			
Partition blocks			Number	Kitchen units (bought-in cupboards, worktops, etc).			
Plaster-board			m ²	Please give number, type and dimensions of each.			
Timber-carassing			m ³				
Timber-Joinery			m ³	Electrical Installation			
Timber-tongued and grooved flooring			m ²	Number of power points	Amount and type of cable used		
Staircase and handrail			Number	Number of lighting points			
External doors			Number	Number of switches	Number of fuse boxes		
Internal doors			Number				

*Delete as appropriate. If you have used items not listed in this part, please list them overleaf with the quantity of each.
VAT 431 (Pt 2) If you need more space please continue on a separate piece of paper

Status: Point in time view as at 02/09/1996.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)



VAT refunds for DIY builders

4

Name of claimant (BLOCK LETTERS)

Part 4: Goods and materials claimed for where invoices don't show VAT separately

When you fill in this Part, you must:

- list those goods and materials for which you were charged VAT but the suppliers' invoices do not show it separately. Don't include items not eligible for the scheme - the list at the back of Notice 719 gives examples of items not covered by the scheme
- either subtract the amount of any credit note you receive from the relevant invoice entry or put it in red in the list and subtract it from the total

• attach all the original invoices to this Part in the same order as they are listed
- work out the VAT in column 6 as set out on the folder.

Please write in black ink, cross out any mistakes you make and insert the correct details above them. The person making the claim must initial the alterations.

1 Brief description of goods	2 Quantity of goods	3 Supplier's name	4 Invoice number	5 Total amount paid for goods £ p	6 Calculated VAT £ p
Total brought forward from previous sheet					
Totals					

VAT 431 (Pt 4)

FD204 (January 1992)

Carry forward overleaf

Status: Point in time view as at 02/09/1996.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulation 21, 22, 23



**Value Added Tax
EC Sales list**
For the period
To

VAT Registration Number

Branch/subsidiary Identifier

GB

You could be liable to a financial penalty if your completed listing is not received by the due date.

Calendar Quarter

Due date:

For official use DOR only

Your Vat Office telephone number is

Before you fill in this form please read the notes overleaf.

Line	Country Code	Customer's VAT Registration Number	Total value of supplies		Indicator
			£	p	
1			0	0	
2			0	0	
3			0	0	
4			0	0	
5			0	0	
6			0	0	
7			0	0	
8			0	0	
9			0	0	
10			0	0	
11			0	0	
12			0	0	
13			0	0	
14			0	0	
15			0	0	

Number of pages completed

Lines completed (this page only)

Declaration: You, or someone on your behalf, must sign below

I, declare that the information given above and on any continuation sheets is true and complete.
(Full name of signatory in BLOCK LETTERS)

Signature Date 19

A false declaration may result in the imposition of a financial penalty

Could you please supply a

Contact Name: Telephone number:

VAT 101 (Full)

POJMS 11/9501

Status: Point in time view as at 02/09/1996.
Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulation 22(6), 23



New Means of Transport

for removal from the UK to another Member State of the European Community
 See notes overleaf before completing - Write in BLOCK LETTERS only

Ref

For the purchaser to complete

Surname (Mr./Mrs./Miss)

Forename(s)

Full Address in the UK

.....

Telephone

Permanent/Temporary (Delete as applicable)

Full address in Member State of Destination

.....

.....

Telephone

Permanent/Temporary (Delete as applicable)

Are you: a UK Resident? an overseas visitor?

(Tick one box)

Are you a serving member of HM Forces? YES/NO

Member State of destination of the New Means of Transport in which VAT will be paid

.....

I Declare that:

- I have read notice 728 and the notes overleaf;
- I intend to remove the New Means of Transport described above from the UK to the Member State of destination within 2 months of the date of supply;
- I intend to notify the fiscal authority in that Member State and pay any tax due;
- I understand that if I fail to remove the New Means of Transport described above within 2 months of the date of supply it will become liable to forfeiture and UK taxes will become due;
- The information I have given above is correct.

Signature

Date

VAT 411 (Customs Copy)

Page 1 P21 (UK) 1995

For the Supplier to complete

Full Name and Address

.....

Telephone

Vat Registration No. GB

Details of the New Means of Transport

Motorised Land Vehicle Ship Aircraft

(Tick as applicable)

Make	
Model	
Colour	
Registration No.	
Engine No.	
Chassis/Hull/Airframe No.	
Invoice No. and date	
Date of Supply	
Purchase Price	
VAT not paid at time of supply	

I Declare That:

- the New Means of Transport described above complies with the definition given in notice 725 about VAT and the Single Market
- the information given above is correct

Signature

Date

Status: Proprietor/Partner/Director/Company Secretary/Authorised Person (Delete as applicable)

Status: Point in time view as at 02/09/1996.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulation 204(c)



Value Added Tax Flat Rate Scheme for Agriculture Application for Certification

Notes to help you complete this form are on the reverse. Please read them carefully

1. Please enter your FULL NAME in BLOCK LETTERS. (See note 1)

2. Please enter the ADDRESS of your BUSINESS. (See note 2)

Postcode Tel No.

3. Please describe your BUSINESS INCLUDING NON-FARMING ACTIVITIES. (See note 3)

4. Please enter the ESTIMATED VALUE of AGRICULTURAL SUPPLIES you expect to make in the next 12 months. (see note 4)

5. Please enter the ESTIMATED VALUE of SUPPLIES OF OTHER GOODS and SERVICES which you expect to make in the next 12 months. (See note 5)

6. Please enter the DATE from which you wish your CERTIFICATE TO BE EFFECTIVE. (See note 6)

7. Please enter your VAT REGISTRATION NUMBER. Write "NONE" if you are not registered for VAT. (See note 7)

8. You must complete the following declaration :

I
(enter your full name in BLOCK LETTERS)
declare that the information entered on this form is true and complete.
I apply for cancellation of the VAT registration shown at box 7 above.

Signature Date

Tick one box
Proprietor Director Trustee
Partner Company Secretary Authorised Official

For Official Use

Initials and Date
All'd LVO TC Abbreviated name
Ref'd EDC

VAT 98

UP 3354-NV(12/95)

F 6850

HM Revenue & Customs

Status: Point in time view as at 02/09/1996.
Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulation 178(1)(a)

VAT 65



Competent authority to which the application is addressed

Is this your first application? If not, please give Reference No.

[]

APPLICATION by a business person established in the Community for REFUND OF VALUE ADDED TAX (Please read the explanatory notes before filling in)

1	Forenames and surname or name of firm of applicant			
	House number and street name			
	Post, country and post code			
2	Nature of applicant's business			
3	Particulars of the Office, Authority and tax/business Registration No. in the country in which the applicant is established or has his/her domicile or normal place of residence			
4	Period to which the application refers		From	To
		Month	Year	Month
5	Total amount of refund requested (in figures) (see overleaf for limited use)		£	
6	The applicant requests the refund of the amount shown in heading 5 in the manner described in heading 7			
7	Method of settlement requested (*)		Bank account <input type="checkbox"/>	Postal account <input type="checkbox"/>
	Account number		Code number of financial body	
	Account in the name of			
	Name and address of the financial body			
8	No. of documents enclosed: Invoices, Import documents			
9	The applicant hereby declares			
	(a) that the goods or services specified overleaf were used for the following business activities in the United Kingdom			
	(b) that in the United Kingdom during the period covered by this application, he/she engaged in:			
	<input type="checkbox"/> (i) no supply of goods or services <input type="checkbox"/> (ii) only the provision of services in respect of which tax is payable solely by the person to whom they are supplied <input type="checkbox"/> (iii) only in the provision of certain exempted transport services ancillary thereto			
(c) that the particulars given in this application are true				
The applicant undertakes to pay back any moneys wrongfully obtained				

(*) Insert x in the appropriate box

(*) Insert x in the appropriate box

At: (Place) on (Date) (Signature)

NOTE: Box 10 overleaf MUST be completed

VAT 65

HM Customs and Excise

Status: Point in time view as at 02/09/1996.
Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1 . (See end of Document for details)

- 3) Refunds of tax incurred may only be claimed subject to the rules of each state. Brief details of supplies in each member state on which tax cannot be reclaimed are given in HM Customs and Excise Notice 723. Tax incurred on the following supplies will not be refunded by any member state:
- (a) supplies of goods which have been or are about to be exported; and
 - (b) supplies to travel agents which are for the direct benefit of travellers. Under this scheme the term "travel agent" includes tour operators or any person who purchases or re-supplies services to travellers.

Number	Nature of goods or services	Name, VAT Registration No. (if known) and address of supplier of goods or services	Date and number of invoice or import document	Amount of tax refund applied for	FOR OFFICIAL USE ONLY
	TOTAL B/F				
			TOTAL		

Status: Point in time view as at 02/09/1996.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1 . (See end of Document for details)

Regulation 178(1)(b)(i)



Certificate of Status of Taxable Person

The undersigned

.....
(Name of local VAT office)

Name of taxable person
Address
.....
.....
Nature of activity

is a taxable person for the purposes of Value Added Tax, whose Registration number is

--	--	--	--	--	--	--	--	--	--

Date

Office stamp

Signature

.....
(Name and grade)

VAT 66

CD 1072/18(0799)

F 50371

[^{F1}Form No. 17 CERTIFICATE REQUIRED TO SECURE RELIEF FROM VAT ON PURCHASED OR ACQUIRED GOODS INTENDED TO BE PLACED IN A FISCAL WAREHOUSING REGIME

Status: Point in time view as at 02/09/1996.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1 . (See end of Document for details)

Information to be indicated:

I	(full name)
	(status in company)
of	(name and address of company)

declare that (name of company) intends to enter to the fiscal warehousing regime at the fiscal warehouse shown below on (date), or within... days commencing today, the goods indicated below:

- name and address of fiscal warehouse
- authorisation number of the fiscal warehousekeeper
- description of goods
- quantity of goods

I certify that the supply of goods/acquisition is eligible to be relieved from VAT under the following provisions of the Value Added Tax Act 1994 *[delete as appropriate]*:

sections 18B(2)(d)/18B(3) (purchases) *or* sections 18B(1)(d)/18B(3) (acquisitions).

(signature)

(date)

NOTE: You should be aware that there are severe penalties for making a false declaration. If there is any doubt about the eligibility of the goods or about the fiscal warehouse to which they are being sent you should consult the local Customs and Excise office before preparing the certificate. *A copy of the certificate should be filed with the supplier's invoice and a copy of the delivery note.*

Textual Amendments

F1 Sch. 1 Forms 17, 18 Form added (28.4.1996) by [The Value Added Tax \(Amendment\) \(No. 3\) Regulations 1996 \(S.I. 1996/1250\)](#), regs. 1(1)(2), 15, **Sch. 1**

Form No. 18 CERTIFICATE REQUIRED TO SECURE ZERO-RATING OF SERVICES (OTHER THAN THE SUPPLY OF WAREHOUSING) PERFORMED IN A FISCAL OR OTHER WAREHOUSE

Information to be indicated:

I	(full name)
	(status in company)
of	(name and address of company)

declare that the goods shown below are subject to a fiscal or other warehousing regime at the place indicated below:

- description of goods
- quantity of goods
- warehouse stock number
- name and address of fiscal or other warehouse
- authorisation number of the relevant warehousekeeper/warehouse

Status: Point in time view as at 02/09/1996.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1 . (See end of Document for details)

and that the following services are to be performed on the goods in the fiscal or other warehouse:

I certify that the supply of services is eligible to be zero-rated for VAT purposes under section 18C(1) of the Value Added Tax Act 1994.

(signature)

(date)

NOTE: You should be aware that there are severe penalties for making a false declaration. If there is any doubt about a supply being entitled to zero-rating you should consult the local Customs and Excise office before signing and giving the certificate. A copy of the certificate should be filed with the supplier's invoice which should refer to section 18C(1) of the Value Added Tax Act 1994 to be eligible for zero-rating.]

Textual Amendments

F1 Sch. 1 Forms 17, 18 Form added (28.4.1996) by The Value Added Tax (Amendment) (No. 3) Regulations 1996 (S.I. 1996/1250), regs. 1(1)(2), 15, **Sch. 1**

Status:

Point in time view as at 02/09/1996.

Changes to legislation:

There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1 .