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## SCHEDULE

FORM 1

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Regulation 4(1)

FORM 1 SCHEDULE Regulation 4(1)

Landfill Tax

Application for Registration

The general notes, included with this form, will help you to answer the following questions. Please write clearly in ink and use BLOCK LETTERS.

Remember you must also complete form LT 1A, or LT 50 and LT 51 if you are applying to be registered as a group.

- 1 Please give the full name of the business.
• if you are a sole proprietor please give your full name
• if your business is a limited company please give the company's name
• if your business is a partnership please give its trading name. The names of partners must be shown on form LT 2

Form box for question 1 with horizontal lines for text entry.

- 2 Please give your trading name (if different from the name given at 1)

Form box for question 2 with horizontal lines for text entry.

- 3 Please give the address of your principal place of business
• Your landfill tax return forms will be sent to this address, unless you specify an alternative communication address at 4
• if this address is a landfill site it must also be included on the form LT 1A, or LT 50/51 if you are applying for group registration

Form box for question 3 with horizontal lines for text entry and a Postcode field.

Tel no: [ ]
Fax no: [ ]

- 4 Please specify an alternative communications address, if appropriate.
• Return forms and other correspondence are normally sent to the principal place of business, as at 3 above.
• Exceptionally you may ask for correspondence to be issued to another address.

Name: [ ]
Business address: [ ]
Postcode: [ ]

Tel no: [ ]
Fax no: [ ]

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<b>5</b>	<b>Are you applying for group registration?</b> <ul style="list-style-type: none"><li>• If Yes, please ensure that you complete forms LT 50 and LT 51</li></ul>	<i>Please tick</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>6</b>	<b>Are you applying to be registered in divisions?</b> <ul style="list-style-type: none"><li>• Each division of your company to be registered separately, must complete forms LT 1 and LT 1A</li></ul>	<i>Please tick</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>7</b>	<b>What is the legal status of your business?</b>	<i>Please tick</i> <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Give details from your certificate of incorporation: Certificate no. <input type="text"/> Date of certificate <input type="text"/> Other <input type="checkbox"/> If other, please give details below: <input type="text"/>
<b>8</b>	<b>Has your landfill activity been transferred to you as a going concern? (This only applies after 1st October 1996)</b> <i>Only complete this box if-</i> <ul style="list-style-type: none"><li>• you are taking over an existing landfill operation from someone else; or</li><li>• you have changed the legal status of your business</li></ul>	<i>Please tick</i> <input checked="" type="checkbox"/> No <input type="checkbox"/> Go to 10 Yes <input type="checkbox"/> Give details below then go to 9 Date of transfer <input type="text"/> Business name of previous owner <input type="text"/> Landfill tax registration number of previous owner <input type="text"/>
<b>9</b>	<b>Do you want to keep the previous owner's landfill tax registration number?</b> <ul style="list-style-type: none"><li>• if you are applying to keep the number please complete form LT 68</li></ul>	<i>Please tick</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

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<p><b>10</b> Please give your preferred method of payment.</p>	<p>Please tick <input checked="" type="checkbox"/></p> <p>Credit transfer <input type="checkbox"/> Cheque <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>(please specify)</p> <input style="width: 100%;" type="text"/>
<p><b>11</b> How many landfill sites do you operate?</p> <ul style="list-style-type: none"> <li>• Please give details on the enclosed form LT 1A, or LT 50 and LT 51 if you are applying to be registered as part of a group</li> <li>• Please see general notes for further information</li> </ul>	<p>Number of sites <input style="width: 50px;" type="text"/></p> <ul style="list-style-type: none"> <li>• This number should agree with the number shown on LT 1A, or LT 50 and LT 51 for group registrations.</li> <li>• If you are applying to be registered as a group, this must be the total number of sites operated by the group as a whole as stated on forms LT 50 and LT 51.</li> <li>• If the address at question 3 is a landfill site it <i>must</i> be entered on form LT 1A or LT 50 and LT 51 for group registrations.</li> </ul>
<p><b>12</b> Please give the date of your first expected taxable disposal:</p> <ul style="list-style-type: none"> <li>• This date must be on or after 1st October 1996</li> <li>• Please see general notes for further information on taxable disposals</li> </ul>	<p>Date: <input style="width: 100px;" type="text"/></p>
<p><b>13</b> Are you registered for VAT in the UK?</p>	<p>Please tick <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> Give your VAT registration no. <input style="width: 100px;" type="text"/></p> <p>No <input type="checkbox"/></p>
<p><b>14</b> <b>Only for completion on applications made after 1st October 1996</b></p> <p>Are there any other landfill business(es) you are, or have been, involved in in the last 24 months? This excludes any sites included in this application.</p> <ul style="list-style-type: none"> <li>• Please give the landfill tax registration numbers of any businesses you are or have been involved in. If you are a partnership or a limited company this means any businesses in which any partners or directors have been involved</li> <li>• Please continue on a separate sheet if necessary</li> </ul>	<p>Please tick <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Landfill tax registration numbers of other businesses:</p> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>
<p><b>15</b> Please complete and sign the declaration</p>	<p><b>Declaration</b></p> <p>I, <input style="width: 500px;" type="text"/></p> <p>(enter your full name in BLOCK LETTERS) declare that the information given on this form and contained in any accompanying document is true and complete.</p> <p>Signature <input style="width: 200px; height: 25px;" type="text"/> Date <input style="width: 100px;" type="text"/></p> <p>Sole proprietor <input type="checkbox"/> Director <input checked="" type="checkbox"/> Trustee <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> Company secretary <input type="checkbox"/> Authorised official <input type="checkbox"/></p>

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Regulation 4(2)

FORM 2

Regulation 4(2)

**Landfill Tax**  
**Application for Registration**  
**Landfill site details**

Please complete this form with the details of all the sites you operate. If you are applying to be registered as a group, you may wish to include your site details on forms LT 50 and LT 51 instead of this form. The general notes will help you. If you require a continuation sheet please photocopy this form.

**Do not include any sites which will not receive further waste.**

Trading name of site (if different from those entered in boxes 1 and 2 on form LT 1)

Licence No:

Name:

Site address:   
  
  
  
Postcode:

Tel no:

Fax no:

Type of waste landfilled and estimated tonnes in a year (see note).

**Estimated Tonnes**

Standard:

Lower:

Exempt:

Is a weighbridge used to establish the weight of waste on this site?

Please tick  Yes  No

Trading name of site (if different from those entered in boxes 1 and 2 on form LT 1)

Licence No:

Name:

Site address:   
  
  
  
Postcode:

Tel no:

Fax no:

Type of waste landfilled and estimated tonnes in a year (see note).

**Estimated Tonnes**

Standard:

Lower:

Exempt:

Is a weighbridge used to establish the weight of waste on this site?

Please tick  Yes  No

LT 1A Page 1 PCU(May 1996)

FORM 3

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Regulation 4(3)

FORM 3

Regulation 4(3)

Full name of partner:	<input type="text"/>
Home address:	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>
Home telephone:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

LT 2 Page 3(04/96)

These details form part of your application to be registered for landfill tax.

Trading name of Partnership:	<input type="text"/>
Please make sure that every partner completes and signs one of the sections below. If there is insufficient space to include all partners, please photocopy this form or contact the Central Collection Unit (see page 1) for additional copies. Please use BLOCK LETTERS and write clearly in ink.	
Full name of partner:	<input type="text"/>
Home address:	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>
Home telephone:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

Full name of partner:	<input type="text"/>
Home address:	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>
Home telephone:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

LT 2 Page 2(04/96)

FORM 4

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FORM 4

Regulation 7(1)

**Remember that both parts of the form need to be completed**

**Part 1: If you are the previous owner of the landfill business, please read this form carefully and answer all the following questions.**

**1** Please give your full name, and your trading name if you have one:

**2** I transferred my business/changed my legal status on:

**3** The new owner is:

**4** From the above date, I wish to cancel my landfill tax registration because I will cease operating a landfill business from that date. I agree to transfer my number to the new owner. The landfill tax registration number is:

**5** If this application is allowed, I agree to the following conditions:

- the new owner will be entitled to any money or credit which Customs and Excise would normally have paid to me if the number had not been transferred; and
- I will have no right to claim any money paid by Customs and Excise to the new owner.

**6** Please give an address where we can contact you after the business has been taken over by the new owner.  
  
  
  
  
Postcode..... Telephone no.....

*Please tick one box only*

Sole Proprietor                       Company Secretary  
 Director                                       Executor  
 Partner (All partners must sign).

*If there are insufficient boxes on this form, please use a photocopy.*

Other - please give details

Signature(s)

**Part 2: If you are the new owner of a landfill business, please read this form carefully and answer all the following questions.**

**1** Please give your full name:

**2** I took over a business as a going concern on:

**3** I apply to use the previous owner's landfill tax registration number which is:

**4** If this application is approved, I agree to the following conditions:

- I will send my first and subsequent landfill tax return form to Customs and Excise no later than the due date, with all the tax shown on the form as due for the period which it covers;
- I will send in any outstanding returns which are due from the previous owner;
- I will pay any landfill tax, interest and penalties due (and not paid) from the previous owner before the business was transferred;
- any landfill tax return made by the previous owner for a period after the transfer date will be treated as made by me; and
- I will have no right to claim any money paid by Customs to the previous owner, before the landfill tax registration number is transferred.

*Please tick one box only*

Sole Proprietor                       Company Secretary  
 Director                                       Executor  
 Partner (All partners must sign).

*If there are insufficient boxes on this form, please use a photocopy.*

Other - please give details below

Signature(s)


LT 68      Page 2 (05/96)

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Regulation 11(1)

FORM 5

Regulation 11(1)

	<h2 style="margin: 0;">Landfill Tax Return</h2> <p style="margin: 0;">For the period</p> <p style="margin: 0;">to</p>	<p style="margin: 0;"><b>For official use</b></p> <p style="margin: 0;">Landfill tax registration number      Period</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> </table>				
		<p style="text-align: center; margin: 0;"><b>Warning</b></p> <p style="margin: 0;">You could be liable to penalty interest if all the landfill tax payable is not received by the due date</p> <p style="margin: 0;">Due date:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center; vertical-align: middle;"><b>For official use</b></td> <td style="width: 85%; height: 30px;"></td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"><b>D O R</b></td> <td></td> </tr> </table>	<b>For official use</b>		<b>D O R</b>	
<b>For official use</b>						
<b>D O R</b>						
<p><b>Before you complete this form please read the enclosed general notes. Both sides should be completed.</b> Fill in all boxes clearly in ink and write "none" where necessary. Do not put a dash or leave any blank. If there are no pence write "00" in the pence column. Do not enter more than one amount in any box.</p>						
<b>For official use</b>		<p>£                      p</p>				
	<p><b>1</b> Tax due for this period</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> </table>					
	<p><b>2</b> Underdeclarations from previous periods (must not exceed £2000, see general notes)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> </table>					
	<p><b>3</b> Total (the sum of boxes 1 and 2)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> </table>					
	<p><b>4</b> Overdeclarations from previous periods (no limit)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> </table>					
	<p><b>5</b> Tax credit claimed in respect of contributions to environmental trusts</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> </table>					
	<p><b>6</b> Please specify the amount of bad debt relief claimed for landfill tax in this period</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> </table>					
	<p><b>7</b> Other credits (see general notes)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> </table>					
	<p><b>8</b> Total credits (the sum of boxes 4, 5, 6 and 7)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> </table>					
	<p><b>9</b> Net tax due or repayable (box 3 minus box 8)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> </table>					
<p><b>If you have made any contributions to environmental trusts, please ensure that boxes 13 - 20 on the reverse of this form are completed. Otherwise your claim may be rejected.</b></p>						
<p>If you are enclosing a payment, please tick this box <input type="checkbox"/></p>						
<p style="text-align: right;"><b>Official use</b> <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table></p>						
<b>LT100</b>	<small>PCU(April 1996)</small>					



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<b>For official use only:</b>	<b>Please give the weight of waste in tonnes, per category, landfilled in this return period</b>	<b>Tonnes</b>
	<b>10</b> Standard rate waste	<input type="text"/>
	<b>11</b> Lower rate waste	<input type="text"/>
	<b>12</b> Exempt waste	<input type="text"/>
	Please provide information on the environmental trust(s) to which contributions have been made and for which a rebate is being claimed in box 5 overleaf.	
	<b>Environmental trust enrolment number(s)</b>	<b>Amount of contribution</b>
		<b>£                  p</b>
	<b>13</b> <input type="text"/>	<input type="text"/>
	<b>14</b> <input type="text"/>	<input type="text"/>
	<b>15</b> <input type="text"/>	<input type="text"/>
<b>16</b> <input type="text"/>	<input type="text"/>	
<b>17</b> <input type="text"/>	<input type="text"/>	
<b>18</b> <input type="text"/>	<input type="text"/>	
<b>19</b> <input type="text"/>	<input type="text"/>	
<b>20</b> <input type="text"/>	<input type="text"/>	

<b>Declaration:</b> You must sign below:  <input type="text"/> (full name of signatory in BLOCK LETTERS) declare that the information given is true and complete Signature: <input type="text"/> Date: <input type="text"/>
--

**A false declaration can result in prosecution**

**Complaints:**  
The Adjudicator reviews complaints not settled to your satisfaction by Customs. The recommendations of the Adjudicator are independent and the service is free. The Adjudicator only looks at complaints, not general enquiries. Telephone the Adjudicator on 0171 930 2292

LT100 Reverse (04/96)