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**Reconciliation of payments form**

**Section 1: Tax-Free Childcare: Confirmation of authorised details for payment reference requests (TO BE COMPLETED BY ACCOUNT HOLDER OR NOMINATED DELEGATE)**

*Please note, the first time you submit a request, the setting’s childcare service account holder will need to complete this section of the form. This confirms which members of your staff are authorised to make payment reconciliation requests and to receive information from HMRC about the children they relate to.*

*If a request is received from someone not listed below we will contact the setting account holder or the nominated delegate in the first instance, before providing information to the requestee on the payment references and the children they relate to.*

***If you have filled out section 1 previously please skip to section 2, unless these details have changed.***

**Setting details**

|  |  |
| --- | --- |
| **Name of setting** |  |
| **Setting address** |  |
| **Setting postcode** |  |
| **Regulator reference** |  |

**Account holder details**

|  |  |
| --- | --- |
| **Name of primary setting contact** |  |
| **Number for primary setting contact** |  |
| **Name of setting delegate contact (if relevant)** |  |
| **Number of setting delegate contact (if relevant)** |  |

**Authorised requestee details**

*We will only provide information to the individuals on the numbers listed below.*

|  |  |
| --- | --- |
| **Name** | **Phone number** |
|  |  |
|  |  |
|  |  |
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|  |  |
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**Section 2: Tax-Free Childcare: Request for payment reference details**

*Please note, this form should only be used where the childcare provider has already taken all reasonable steps to allocate the payment. For example, speaking to parents to request their unique child reference number.*

**Name of setting/provision:**

|  |
| --- |
|  |

**Setting address (including postcode):**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Child Reference number** | **Date of payment** | **Payment amount** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Time of phone call**

When during normal business hours, would it be best to call you? We will try and accommodate your preference where possible.

|  |
| --- |
|  |

**Once completed please forward to:** [tax-free.childcare@hmrc.gsi.gov.uk](mailto:tax-free.childcare@hmrc.gsi.gov.uk)