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| --- | --- |
| Name of IP Firm |  |
| Your Named Contact |  |
| Your email address |  |
| Name of Insolvency Case (one request per contact form) |  |
| Type of Insolvency (E.g., MVL, Bankruptcy etc) |  |
| Any HMRC Reference Numbers  (E.g., CT, VAT, PAYE, SA) |  |
| What Head(s) of Duty does this relate to (E.g., CT, VAT, PAYE, SA) |  |
| Please provide details of your query |  |
| Please evidence dates of contact with HMRC (minimum 3 attempts. Details of address/numbers would also help to address root causes of any delays) |  |

**\*Please do not submit a scanned or handwritten copy of this form\***

Text Box