|  |  |
| --- | --- |
| Name of Firm |  |
| Your Named Contact  |  |
| Your email address |  |
| Name of Insolvency Case |  |
| Type of Insolvency |  |
| 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 detailsof your query |  |
| Dates of contact with HMRC |  |

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

