

United Reformed Church\$%m&lo'er(s P) *% ref: #+! ,U!68

Na onal Insurance form for the tax year 6 April 2 2! to " April 2 2#
Church Return to be copied to your minister/CRCW

Church name and num-er: _____

Minister, CRC (s name: _____

. ate of /oinin0 church, if a1er 2+,23,45 _____ . ate of leavin0 church, if -efore 26,23,43 _____

Please complete sec on 1 or 2 an\$ then sec on ! an\$ return this form by 1 %une 2 2#

S&C' I(N 1) NI* NA' I (NA* INS+, ANC& *IA-I*I' .

<p>If the a-ove church 7as 8ii9 7ithout a minister, CRC , 8iii9 there 7ere no assessa-le -ene: ts, or 8iii9 formed &art of a ;0rou&in0; in 7hich another church &rovided the e<&ense &a' ments and -ene: ts to ' our minister, CRC for the en=re ta< ' ear &lease =ck this -o<> Complete the \$eclara on in sec on ! belo/ an\$ return this form to the O(O (1ce2</p>	
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S&C' I(N 2) &3P&NS& PA. O&N' S (, -&N&FI' S P, (4ID&D) 5Complete the \$etails belo/ as appropriate6

Car -ene7t

m14 (Page 08) Tfn26t33 u(0) -4132 ! 02@Tdn[(m)2r 7c 7(0)-[10 5 2(3) 00826(r) 2

Please return this form to: MOM O ce, United Reformed Church, 86 Tavistock Place, London C! " #RT

Figure 2 (above) is the amount to be remi ed and returned with this form by 1 June 2024