

Information Pack

Your Payroll is the trading name of KDC (Commercial) Limited 0151 949 5442 | yourpayroll@kdc.org.uk | www.payroll.org.uk 263a Tarbock Road, Huyton, L36 0SD Registered as a company in England and Wales No; 08489813 Part of KDC Charity No: 1103477

Welcome to Your Payroll Service



We are delighted you have chosen us to provide your payroll service for the personal assistants you employ.

We need you to provide us with some essential information to ensure your services are set up correctly. Along with this pack you will find some important forms we need you to complete and return to us:

- Letter of Engagement this sets out the service description and terms.
- New Client Set-up Form basic data we need for our records.
- New Employee Starter Forms to be completed by your PA(s).
- Authorising your agent Form 64-8 to authorise us to act as your agent in dealings with HMRC.
- **Direct Debit Instruction** required for us to collect the fee for the service.

Please note that all these forms need to be completed in the name of the person who is in receipt of the Direct Payment/Personal Budget/Health Budget Funding, and when this is a child, in the name of the parent or guardian responsible.

We have tried to make it as simple as possible for you by providing examples and instructions on how to complete the forms and where to sign.

This pack also contains examples of the **Pay Variations Notification Form** and the **Timesheet** you can use to let us know about changes and hours worked. These can be supplied to you, or downloaded direct from our website at <u>www.yourpayroll@kdc.org.uk</u>. Once completed you can email them to us or upload them using your secure on-line portal

Examples of the **Statement for HMRC Payments Due** and **Payroll Summary Report** that sets out the net pay due to your PAs which should be kept safe for the Council's audits and inspections of your records are also provided.

What you need to do now

 Read the Letter of Engagement, this sets out a description of the Payroll Service and the terms and conditions. You should read this carefully, fill in your name and address on the front page and sign it where indicated. Please use the space provided to indicate if you are signing on behalf of the person who is receiving the Direct Payment. **Return to us and we will send** a signed and dated copy back for you to keep.

2. Complete the New Client Information Form:

Section A is about the person who receives the Direct Payment/Personal Budget and who is classed as the employer.

Section B is the information we need about the person who may be looking after the Direct Payment/Budget on behalf of the recipient and with whom we will be communicating on a day to day basis.

Section C is for the names and details of your Personal Assistant(s), including their start date, regular weekly hours worked and rate of pay.

There is space on the other side of the form if you are employing more than two PAs. If you are transferring your existing payroll service to us, the start date shall be the date from which you wish the service to commence. This form has a checklist of documents to remind you about what we need.

- 3. Please ask your PA(s) to complete all sections and sign the **New Employee** Starter Form and return it to you. Check this information is correct then send it to us. We have provided three forms to start with. Call us if you need any more or download from www.yourpayroll.org.uk/forms.
- **4.** Complete and sign the **Authorising your agent Form 64-8**. Simply insert your name and your National Insurance Number on Form 64-8 (as per the example in this pack) and sign your name in the signature box. We will complete all other sections.
- 5. Fill in the **Direct Debit Authority** form with the details of your personal budget/direct payments bank account and sign and date.

Your completed forms should be returned to us at: **Your Payroll, 263a Tarbock Road, Huyton, L36 0SD**.

Once we have all the information you can be sure that we will be able to manage everything smoothly for you.

If you need any help, or have any questions, just give our advice line a call on 01519 495 442 Monday to Friday from 9.00 a.m. to 5.00 p.m. or via email on yourpayroll@kdc.org.uk.

PAYROLL SERVICE LETTER	OF ENGA	GEMENT	KDC will complete the date
dated	20	between	PAYROLL
KDC (Commercial) Limited (tra Huyton, Merseyside, L36 0SD	-	• •	Enter your full
(Print name and address)			name and address here
			('you')

Introduction

This Letter of Engagement sets out the agreed terms of service for a payroll service. You wish us to calculate amounts due and pay salary to person(s) employed by you. We will provide those services on the terms set out in this agreement. If you agree to the terms and conditions set out, then please sign and return the spare copy to us. If there is any point upon which you require clarification, then please contact us.

Part 1 – The Service

- We will register as your agent and we will register for online filing with the Revenue and Customs service. We shall also instruct Revenue and Customs to contact us electronically.
- 2. Calculate wages for your employee(s) every four weeks based on information provided by you.
- Process all statutory payments and deductions –e.g. SSP, SMP, Student Loan
- 4. Record annual leave allowance
- 5. Manage all your legal duties under the workplace pension legislation.
 - Assess and reassess eligibility of staff to be automatically enrolled into a workplace pension scheme
 - II. Act as your point of contact with The Pensions Regulator

- III. Provide letters and information to your employees
- IV. Set up a suitable pension scheme with National Employment Savings Trust (NEST)
- V. Process pension contributions for you and your employees
- VI. Manage the payments to your pension provider
- 6. Prepare and provide electronic payslips to your PAs.
- Provide payroll summary reports for your information and your Local Authority auditing purposes.
- 8. We will store securely all your payroll records for at least 4 years.
- 9. Supply you with a P60 (or P14s) for each employee.
- Provide a telephone help and advice line service 9am to 5pm Monday to Friday.
- Keep you informed of any relevant changes in legislation, e.g. National Living Wage rates.

Part 2 Your responsibilities

- 1. To provide such payroll information as necessary for us to process wages accurately and on time, within 10 working days of the pay date. Such information to include:
 - I. Personal details of employees
 - II. Agreed hours of work
 - III. Rates of pay
 - IV. Absences e.g. sickness and maternity/paternity leave
 - V. Additional hours worked
 - VI. Annual leave and cover arrangements
 - VII. New starters
 - VIII. Leavers
- 2. To supply us with all information in relation to your affairs as an employer that we may reasonably require, promptly, and in good order.
- To pay your employees their salary due in accordance with the information we provide you – i.e. – the net pay figure listed on the payroll summary report (example page 26)
- 4. To pay all monies due in relation to tax deductions and national insurance contributions to Her Majesty's Revenue and Customs

(HMRC) all monies due in relation to pensions deductions and employers contributions to your pension provider

- 5. To keep us informed of, and forward to us, all correspondence from the Pensions Regulator, NEST and any other statutory bodies.
- 6. To forward to us any HMRC correspondence or notices served on you, for us to check and advise on, in order to minimise the risk of either interest or penalties.

Part 3 Confidentiality and Data Protection

- 1. We shall keep your information secure. By entering into this agreement, you are providing express consent to us sharing your personal data (as defined in the Data Protection Act 1998) for the following purposes:
 - I. with the local authority, its agents or to other people that provide funding to you to pay for your care;
 - II. with HMRC for tax purposes;
 - III. with other parties where we are required to do so by law; and to the extent, and in such a manner that is necessary for the purposes of providing the services to you under this agreement.

Part 4 Losses

- 1 We will not be responsible for losses or expenses caused by any miscalculations that we make due to you or a PA giving us incorrect or incomplete information.
- 2 Where we suffer any loss or damage as a result of any act or omission by you or any of your officers, employees, agents or subcontractors, you will indemnify us for such loss or damage.
- Where you owe us any monies pursuant to this Agreement (including under 3.2 above), we shall, be entitled to set off any such debt against any monies owed to you.
- 4. We will do whatever we reasonably can to make the calculations at the right time, but we will not be responsible for any losses or expenses caused by us receiving information from you too late to allow us to make calculations in time for a PA's contractual pay date.

Part 5 Employment of PAs

- 1. You agree that we are not and will not become the employer of any PA as a result of entering into this agreement. You will compensate us fully for any loss or damage that we may suffer as a result of anyone claiming that we are the employer of a PA.
- 2. You agree that you will remain the employer of each PA and are responsible for all the obligations of an employer towards each PA.
- 3. By entering into this agreement, you confirm that you have obtained informed consent from all PAs for their personal data to be released in accordance with the terms of this agreement and that said PAs have signed the consent statement set out in the New Starter form.

Part 6 Fees

- 1. The service fees are payable by you annually in advance by Direct Debit.
- Should you decide to cancel the service at any time during the year, we will refund any remaining months minus a minimum of 2 months administration fee.

We reserve the right to amend the service fee from time to time. In the event of any changes, you will be provided with at least 2 months prior written notice.

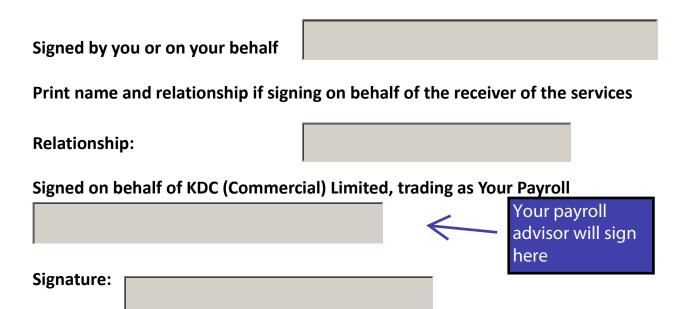
Part 7 Ending the Agreement

- 1. This agreement will start on the date given at the top of the first page.
- 2. Either you or us can end this agreement by giving 2 months' notice in writing to the other.
- 3. Ending this agreement will not affect any rights that we or you already have on the date that it ends, including the right to be compensated for losses that either you or we have suffered

Part 8 Other

- We shall not be required to carry out any of the services or any of our other duties under this agreement if we are unable to do so as a result of anything that is beyond our reasonable control. Things beyond our reasonable control will include:
 - i. changes to laws or other government policies

- ii. extreme bad weather or other acts of God
- iii. strikes or other industrial disputes
- iv. riots or other civil commotion
- v. breakdowns in bank systems
- 2. This agreement is personal to you and you may not pass on your rights and obligations under it to any other person unless we agree in writing.
- 3. If any part of this agreement is declared to be illegal, invalid or unenforceable that part shall be deemed to be removed from this agreement. This agreement shall continue between us, but without the removed part.
- 4. You agree that this agreement sets out all the terms of the agreement between us. Any previous agreements between us relating to the services shall have no effect and you shall not be able to rely on their terms. It does not matter whether those previous agreements were made only by word of mouth or were in writing.
- 5. This agreement is made under English law. Any claims under this agreement may only be made in the English courts



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Section A –Personal Budget Recipient								Section B – Cli	ent Represe	ntative	
											
First ı	name				Th	o dota	ilc of th	e person			
	_										
Midd	le	receiving care must go here in Section A									
name											
Surna	The details of the representative										
D . I .								eceiving care			
Date	OT BIL	tn:						Section B (e.g -			
Addre	ess					rent de					
and											
Postc	ode							rustione			
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Email	:						/		Tel:		
											Double Pay
		Wee	kday F	lours			Weeke	end hours	Total	Sleep ins	for Bank
			,						Hours		Holidays?
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Sectio	on C -	Persor	nal Ass	istant 3	3						
Name	2:								Start date:		
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Section	on C -	Perso	nal Ass	istant 4	4					-			
Name	e:									Start date:	Start date:		
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Section	on C -	Perso	nal Ass	istant	5					[
Name	e:									Start date:			
Email	:									Tel:			
		Wee	kday H	lours			Week	end	hours	Total Hours	Sleep ins	Double Pay for Bank Holidays?	
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	Section C - Personal Assistant 6												
Name	e:									Start date:			
Email	:									Tel:			
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					r to start you ne address b		roll ser	vice	the followir	ng documen	ts must be o	completed,	
Letter of EngagementYour PayrollForm 64-8263a Tarbock Road, Huyton, L36 0SDNew Starter Form(s) Signed by Personal Assistant(s)Email: yourpayroll@kdc.org.ukDirect Debit MandatePhone: 0151 949 5442						6 0SD							
				Ν	lake sure yo	u have	e comp	lete	d and				

signed all these necessary forms to set up your managed payroll service

New Employee Starter Form

Instructions for employees

As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form then give it to your employer.

Employee's personal details

Last name	•
	5 Home address
2 First names (s)	
Do not enter initials or shortened names such as Jim for	
James or Liz for Elizabeth	
	Postcode
	County
3 Are you male or female?	6 National inst rance number
Male 🗆 Female 🔲 Title:	
Date of birth DD MM YYYY	Employment start date DD MM YYYY
8 Your email address	Your telephone number
This is required to access your secure online pay portal	
Bank details	Bank account number
Account name	
Bank	
Your employer details	Address
Name	

Postcode

Employee statement

BYou need to select only one of the following statements A, B or C

- A This is my first job since last 6 April and I have not been receiving taxable Jobseeker's
 Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or
 Occupational Pension.
- **B** This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit. I do not receive a State or Occupational Pension.

C As well as my new job, I have another job or receive a State or Occupational Pension.

🕑 Student Loan	Student Loan Plans
Do you have Student Loan which is not fully repaid	you will have a Plan 1 Student Loan if:
Yes 🗌 if yes, go to question 15	 You live in Scotland or Nor hern Ireland when you started your ccirse, or
No 🗌 If no, go to question 17	 You li red in Erigi, nd or Wales and started your course be preseptember 2012.
Are you paying your Student Loan direct to the Student Loans Company by agreed monthly payments?	Youx.ill have a Plan 2 Student Loan if you lived in Englar.d or Wales and started your course on or after 1 September 2012.
Yes 🗆 If yes, go tr question 1)	What type of Student Loan do you have?
No \Box If no, go to questic 1 16	Plan 1 🗌 Plan 2 🗌
	Did you finish your studies before the last 6 April?
	Yes 🗆 No 🗆
	For further guidance on repaying Student Loans go to <u>www.gov.uk/new-employee/student-loans</u>
18 Your Signature	Name
	Date (DD MM YYYY)
account I wish to have my salary paid into, I understar	ct. If bank details are completed I confirm that this is the bank nd that this is subject to the contractual arrangements loyer may pass this information to KDC for payroll purposes.



Authorising your agent

Please read the notes on the back before completing this authority. This authority allows us to exchange and disclose information about you with your agent and to deal with them on matters within the responsibility of HM Revenue & Customs (HMRC), as specified on this form. This overrides any earlier authority given to HMRC. We w until you tell us that the details have I, (print your name) of (name of your business, company or trust if applicable) authorise HMRC to disclose information to	Please tick the box(es) and provide the reference(s) requested <i>only</i> for those matters for which you want HMRC to deal with your agent. <i>Individual*/Partnership*/Trust* Tax Affairs</i> * select * <i>delete as appropriate</i> (including National Insurance) Your National Insurance number (<i>individuals only</i>) Your National Insurance number (<i>individuals only</i>) <i>If you are self employed</i> <i>tick here</i> Unique Taxpayer Reference (UTR) (<i>if applicable</i>) Finter your National If you are a Self Assessment taxpayer, v your Statement of Account to you, but
(agent's business name)	like us to send it to your agent instead, pl number here
I agree that the nominated agent has agreed to act on my/our behalf, and the information is correct and complete. The authorisation is limited to the matters shown on the right-hand side of this form. Signature see note 1 overleaf before signing	Tax credits Your National Insurance number (only if not entered above) If you have a joint tarry edit, 'aim and the other claimant RC to de with this gent, they should sign here
Date	s jnature
Give your personal details or company registered office here Address Postcode	Joint claimant's National Insurance number
Phone number	Corporation Tax
Give your agent's details here Address	Company Registration Number Company's Unique Taxpayer Reference
Postcode Phone number Agent codes (SA/CT/PAYE)	NOTE: Do not complete this section if you are an employee. Only tick the box if you are an employer operating PAYE Employer PAYE Scheme
Client reference	Employer PAYE reference
For official use only SA // COTAX /_/_/ NIRS /_// EBS /_// COP //// VAT //// NTC //// COP link ////	VAT (see notes 2 and 5 overleaf) VAT Registration Number If not yet registered tick here

1 Who should sign the form

If the authority is for	Who signs the form
You, as an individual	You, for your personal tax affairs
A Company	The secretary or other responsible officer of the company
A Partnership	The partner responsible for the partnership's tax affairs. It applies only to the partnership. Individual partners need to sign a separate authority for their own tax affairs
A trust	One or more of the trustees

2 What this authority means

• For matters other than VAT or tax credits

We will start sending letters and forms to your agent and give them access to your account information online. Sometimes we need to correspond with you as well as, or instead of, your agent.

For example, the latest information on what Self Assessment (SA) forms we send automatically can be found on our website, go to

www.hmrc.gov.uk/sa/agentlist.htm

or phone the SA Helpdesk on **0845 9000 444**. You will not receive your Self Assessment Statements of Account if you authorise your agent to receive them instead, but paying any amount due is your responsibility.

We do not send National Insurance state ' ent and requests for payment to your ager cut 'est you' ave asked us if you can defe payment.

Companies do not receive Staten ents of Account.

For VAT and tax credits

We will continue to send correspondence to you rather than to your agent but we can deal with your agent in writing or by phone on specific matters. If your agent is able to submit VAT returns online on your behalf, you will need to authorise them to do so through our website. For joint tax credit claims, we need both claimants to sign this authority to enable HM Revenue & Customs to deal with your agent.

3 How we use your information

HM Revenue & Customs is a Data Controller under the Data Protection Act 1998. We hold information for the purposes specified in our notification to the Information Commissioner, including the assessment and collection of tax and duties, the payment of benefits and the prevention and detection of crime, and may use this information for any of them.

We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits to:

- prevent or detect crime
- protect public funds.

We may check information we receive about you with what is already in our records. This can include information provided by you, as well as by others, such as other government departments or agencies and overseas tax and customs authorities. We will not give information to anyone outside HM Rf. ue c Customs unless the law permits us to do so for nore information go to www.hr.rc.gr...ka d lock for Data Protection Act within the Sea in acility

Multiple agents

" you have more than one agent (for example, one acting for the PAYE scheme and another for Corporation Tax), please sign one of these forms for each.

5 Where to send this form

When you have completed this form please send it to: HM Revenue & Customs Central Agent Authorisation Team Longbenton Newcastle upon Tyne NE98 1ZZ

There are some exceptions to this to help speed the handling of your details in certain circumstances. If this form:

- accompanies other correspondence, send it to the appropriate HM Revenue & Customs (HMRC) office
- is solely for Corporation Tax affairs, send it to the HMRC office that deals with the company
- is for a High Net Worth or an expatriate customer, send it to the appropriate High Net Worth Unit or the Manchester Expat Team
- accompanies a VAT Registration application, send it to the appropriate VAT Registration Unit
- has been specifically requested by an HMRC office, send it back to that office.

• check the accuracy of information

Please use the details of your direct payments account and sign and return to this address

Please fill in the	· · · ·							
Your Payroll]	2	9	7	2	4	5
263a Tarbock Roa	d							
Huyton							Payroll Offici	
Merseyside				-		-	w for Our R	
L36 0SD			Name:					
			Address:					
Name(s) of Accou	nt Holder(s)		Address.					
						Postcode	:	
Bank or Building	Society account number		Phone:					
			Email:					
Branch Sort Code			Instruct	tion to	our ' ani	or Build	ling Soci	etv
			Please ,	/ istPay Li	ta Re KDC	(Commercia	l) Ltd t/a Yo his instructi	our Payroll
-	stal address of your Bank or		the safe	uards assu	ired by the	Direct Debit	Guarantee.	-
Building Society							in with Fast , if so, deta	
To The Manager:			passed ele	ctronically	to my Bank/	Building Soc	ciety.	
	Ran، Bui، 'ing، oc، 'ty		Signatur	s)				
Address:	<u>6</u> 3							
	Postcode	J	Date					
Reference Numbe	° r	1						
			Banks and	l Building So	cieties may for some typ	not accept Di es of accoun	irect Debit in t.	structions

This Guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, FastPay Ltd Re KDC (Commercial) Ltd t/a Your Payroll will notify you five working days in advance of your account being debited or as otherwise agreed. If you request FastPay Ltd Re KDC (Commercial) Ltd t/a Your Payroll to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by FastPay Ltd Re KDC (Commercial) Ltd t/a Your Payroll or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.

- If you receive a refund you are not entitled to, you must pay it back when FastPay Ltd Re KDC (Commercial) Ltd t/a Your Payroll asks you to.

You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us. sanple

PAY VARIATIONS NOTIFICATION FORM

This form must be completed to notify changes to payroll



Name of Employer

Dat	es	F	Reason (tick)		Name of Personal Assistant(s)	Weekday h	nours worked	Week	kend
From	То	Holiday leave /	Sickness	Agreed				hours w	vorked
		Holiday cover	cover or absence	increase / reduction		More	Less hours	More	Less
			absence	reduction		hours		hours	hours
					60				
					1010				
Signed (Emplo	yer or their re	presentative)	G		Date				

If you would prefer to use an electronic version of this for in download from www.yourpayroll.org.uk/forms

We need this information no later than 10 working days prior to the next pay date as it is unlikely we will be able to make the adjustments in time, otherwise any variations shall be processed in the next pay run.

Note: Unless the person providing holiday cover is registered with HMRC we cannot process their payroll. If you require a **New Starter Form** to register such a person download the form from <u>www.yourpayroll.org.uk/forms</u>

NOTE: By signing or typing your name here you are declaring the information is a true record

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TIME SHEET

(4-WEEKLY PAY PERIOD)



	Employer Details:	PA Details:			
Name		Name			
Email		Email			
Phone		Phone			

Period Cove	red: From	Monday (insert da	te)		To Sunday	To Sunday (insert date)				
Week commencing:	Monday	Tuesday	Wednesday	Thursday	Fril'ay	Saturday	Sunday	Total hours		

				R.			
		C	20.				
Signed by emp	oloyer: 📃			Signed	d by PA: 📃		

I declare my PA has worked the hours listed above

I declare that I have worked the above hours listed

Please return completed timesheets to *Your Payroll* Team in line with last date for changes as shown on the schedule of payroll dates or upload to your secure online portal, to get to the portal telephone 0151 949 5442 or email: <u>yourpayroll@kdc.org.uk</u> to request access.

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STATEMENT FOR HMRC PAYMENTS DUE

Date:

XXXXXX XXXXXX XXXXXX XXXXXXX



Your HMR	accounts accounts	office	reference	is XXX
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r		You must pay	
	Tax and National insurance due to HMRC	Now Due	the amount sated here to
-			sated here to
	3th quarter for 2016/17 – 6 October to 5 Jan 2017	£xxxx	HMRC

Your tax and national insurance payment to HMRC is now due. You must pay the above amount due to HM Revenue and Customs (HMRC) by **22nd Jan 2017.**

There are 4 easy ways to pay:

1. On-line Payment

Log onto the HMRC Website at <u>https://www.tax.s_rt_ce.vov.uk/pay-online/epaye</u> to pay buy debit or credit c_rd_anc u e the information above to:

- enter your accounts office r fe en e
- click on the period
- enter the amount
- then simply folle withe mistructions to pay by card

2. Interne. Bankır_o

You will need to set up the following bank details:

Account name:	HMRC Cumbernauld
Account Number:	12001039
Sort Code:	08 32 10
HMRC accounts office reference:	as above

Send your payment to this address

3. Cheque

Cheques, payable to HMRC must be posted to HMRC, Direct, BX5 5BD. Remember to write your name and your HMRC accounts office reference (above) on the back of the cheque followed by 1806. *Important: your cheque must reach HMRC by 19*th *April.*

4. **Phone HMRC** 0300 200 3814 and pay by card.

Any queries, email yourpayroll@kdc.org.uk or call us on 0151 949 5442.

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A.N.Other Payroll Summary for Week No 3 Payroll Date : 27/11/2017	36										Date: Time: Page:	: 14:10:2	
Employee	Total Hours	Pay for All hours	Salary	SSP	SMP/SPP/ SAP & ShPP	Before Tax Pay/Ded	Gross Taxable	PAYE Tax	NIC Employee	After Tax Pay/Ded	N.I. Adjustment	Net Pay	NIC Employer
2 SMITH F 7 JONES J S 9 WIILLIAMS P Knowsley	12.00 40.00 24.00 76.00	90.00 300.00 180.00 570.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00	90.00 300.00 180.00 570.00	0.00 0.00 44.60 44.60	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00	90.00 300.00 135.40 525.40	0.00 0.00 0.00 0.00
Company Totals	76.00	570.00	0.00	0.00	0.00	0.00	570.00	44.F	0.00	0.00	0.00	525.40	0.00
This is the amount you must play to your PA's pay slips. It is a summary of the wages processe. for this period. Please refer to the amount(s) listed in the column under 'Net Pay'													
I hereby declare that my PA(s) did work the hours paid in the wages listed above for this period Signature box: Date: By signing or typing your name you are declaring the information on this summary is a true record. Retain this report with your direct payments paperwork for the council s audit and checking purposes.													



Thank you for choosing Your Payroll

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