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|  **IR 35 ‘OFF PAYROLL WORKER’ SET UP FORM** |  |
| **NAME OF COMPANY OR PARTNERSHIP:** |
| **Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **NAME OF INDIVIDUAL PROVIDING SERVICE (one form for each person)** |
| Forename  |  | Middle Name(s) |  |
| **Surname** |   | Initials |  |
| Title |  | Date of Birth MANDATORY REQUIREMENT FOR HMRC PURPOSES eg 01/JAN/1980 | d | d | m | m | m | y | y | y | y |
| N.I. NumberMANDATORY REQUIREMENT |  |  |  |  |  |  |  |  |  | Email addressMANDATORY REQUIREMENT |  |
|  <https://www.gov.uk/apply-national-insurance-number> |
| Current Address (MUST NOT BE A WORK ADDRESS) | BANK / BUILDING SOCIETY DETAILS |
| Address Line 1 |  | Sort Code |  |  |  |  |  |  |
| Address Line 2 |  | Bank Account |  |  |  |  |  |  |  |  |
| Address Line 3 |  | Bank / Building Society Name |  |
| Address Line 4 |  | Bank / Building Society Branch |  |
| Address Line 5 |  | Building Society Roll Number |  |
| Post Code |  | VAT registration Number (if applicable) |  |
| Contact Phone number (OPTIONAL) |  |  Mobile number |  |
| Nature of the work being undertaken |  | Specify if the work type is Academic or Non-Academic | [ ]  ACADEMIC[ ]  NON ACADEMIC |
| **If you have a current P45 tax form please attach it to this form, if you do not have a P45 the code BR (Basic rate tax ) will be applied to your pay record****Signature of the Worker ………………………………………………………………. Date: …………………………………...****Please ensure all relevant paperwork is attached to the claim** |
| **TO BE COMPLETED BY THE ENGAGER** |
|  **Start Date :**  **DD/MMM/YYYY** |
| SCHOOL / PROFESSIONAL SERVICES DEPARTMENT |  | ENGAGER NAME(Print) |  |
| College |  | Division  |  |
| School |  | Department  |  |
| Cost Centre / Project |  |  |  |  |  |  |  |   |
| Analysis Code / Task Name |  |  |  |  |  |  |  |  |  |  |
| Expense Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  **Please specify:** **TOTAL VALUE OF CLAIM £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Applicable** **Please specify: FEE £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPENSES £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Attach receipts)** **VAT ELEMENT £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If Applicable)****Please specify: Represented number of worked hours for this claim \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **ENGAGER SIGNATURE on behalf of Cardiff University: ………………………………………..Date ..…………………………**

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| **AUTHORISED SIGNATORY : ……………………………………………………………………………………………………………………….** |   | **DATE :** |  |
| By signing this I confirm I have financial approval for the above GL Code / Project Number. |  |  |  |  |  |  |
| **AUTHORISED SIGNATORY PRINT NAME : ………………………………………………………………………………………………….** |  |   | **DATE :** |  |
| (For validation purposes)**Date: ……………………………………………………** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **FOR PAYROLL USE ONLY** |
| Payroll Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_P45 Y/N Tax code operated \_\_\_\_\_\_\_\_ No P45 use \_\_\_\_\_\_BRStarter Declaration: I have another job or PensionPension scheme : N/AStudent Loan deductions : N/ACheck Apprentice levy deductionPay Code: Fees 1125 Expenses 1134 / 1135 VAT XXXX Actioned by: |