United Reformed Church—Employer's PAYE ref: 951/U168

National Insurance form for the tax year 6 April 2023 to 5 April 2024

Church Return to be copied to your minister/CRCW

Ch	urch name and number:					
Mi	nister/CRCW's name:					
Date of joining church, if after 05/04/23			Date of leaving church, if before 06/04/24			
	Please complete section 1 or 2 and the CTION 1—NIL NATIONAL INSURANCE LIAB		on 3 and retur	n this for	m by 1 June	2024
par CR	he above church was (i) without a minister/CRCW, it of a "grouping" in which another church provided CW for the entire tax year please tick this box. Coms form to the MOM Office.	the expense	e payments and ben	efits to your r	minister/	
SEC	CTION 2—EXPENSE PAYMENTS OR BENEFI	TS PROVID	DED—(Complete t	he details b	elow as approp	riate)
	Guidance	e Notes:	COLUMN A		ASSESSABLE BENEFIT	
1	Car Benefit	(Page 6)	£	x 100% =		Box 14
2	Car Fuel Benefit Charge	(Page 6)	£	x 100% =		Box 15
3	Furniture, curtains and blinds	(Page 8)	£	x 75% =		Box 13
4	Internal decoration, repairs and maintenance	(Page 8)	£	x 75% =		Box 13
5	Assets (e.g. Carpets, free-standing units etc)	(Page 9)	£	x 20% =		Box 18
6	Telecoms (landline, Internet, Mobile & Zoom)	(Pages 11-12)	£	x 100% =		
7	Other (Pa	ges 10,14-15)	£	x 100% =		Box 18
Cheques should be made payable to 'URC Trust'			Total s	um of boxes		Figure 1
National Insurance due, Figure 1 above x 13.8%Fi						Figure 2
Completed by : (insert name)			which signed : urer/Secretary)			
Signature			Date:			

Please return this form to: MOM Office, United Reformed Church, 86 Tavistock Place, London WC1H 9RT