

TAX CREDIT OVERPAYMENT APPEAL

NAME:
ADDRESS:

DOB:
NINO:

APPEALS SEND TO:
HMCTS SSCS Appeals Centre
PO Box 27080
GLASGOW
G2 9HQ

Dear Sir/Madam

Please accept this as an **appeal** against your Working Tax Credit/Child Tax Credit decision dated _____ including any civil penalty that has been applied.

GROUND OFS OF APPEAL - I do not accept that the decision maker has shown that:

- Any alleged overpayment is recoverable from me
- The amount of the alleged overpayment is accurate
- Due regard has been given to the issue of offset
- I was properly notified of the decision

- I without reasonable excuse, failed to provide information, failed to notify a change of circumstance in time or negligently made an incorrect statement, resulting in an overpayment.

In addition I submit that the decision maker has failed to follow the correct revision/supersession procedures and has not followed the correct test in law as stated by the Upper Tribunal and higher Courts.

SPECIAL REASONS FOR LATENESS (see over)

My representatives are **Welfare Rights Section, Glasgow City Health and Social Care Partnership, City Chambers East, 40 John Street, Glasgow G1 1JL**, I authorise them to act on my behalf. Please ensure they receive copies of all further correspondence.

I do not consent to my appeal being heard without an oral hearing. I do not consent to less than the full advance notice stated in rule 29(2) of the Tribunal Procedure Rules 2008. Should you decide to schedule my appeal in a manner contrary to these instructions then please contact my representatives to ensure that my right to a fair hearing under Article 6 of the ECHR remains protected.

Yours faithfully

I require an interpreter: Language: _____ Dialect _____

Signature: _____ Date: _____