

Tax Fee Protection Service Claim Form



VANTAGE
G L O B A L

Accountant Practice Name:		Policy Code (if known)	
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A) Background information			
Client name			
Trading as			
Description of business			
On what date was the Tax Return/Accounts/ submitted to the Tax Authority?			

B) Assessment of records (see guidance notes)			
Good		Adequate	
If 'Inadequate' then please provide details			
Were any estimated or provisional figures notified on the return?	Yes	No	

C) Fee Estimate (see guidance notes)			
Have any costs been incurred to date?	Yes	No	If 'Yes' how much?

Initial fees required to deal with the opening the Tax Authority correspondence (this should include any costs incurred to date)			
	Hours	Charge out rate	Total
Partner / Director			
Tax Manager			
Manager			
Senior			
Clerical / Assistant			
Travel			
		Total	

D) External specialist (not included in above) as nominated on your practice profile form			
Name	Hours	Hourly Rate	Total

E) Accountant's declaration

We, the insured, declare that the information provided in this form is accurate and complete to the best of our knowledge. We will advise Vantage of any additional information that may affect this claim. At the time of first acting for the client and at the time we first purchased Vantage Global Tax Fee Protection Insurance, we were not aware of any specific circumstances that may have resulted in this claim. We undertake to notify Vantage of any likely changes to the estimate of fees indicated in Section C.

F) Supporting information		
Please enclose with this form:		Check
1 - A copy of the opening correspondence from the Tax Authority and any other relevant correspondence		
2 - A copy of either: The latest accounts if applicable and or The Tax Return under enquiry		
3 - If a VAT/PAYE Compliance Visit: Turnover of the last submitted accounts		

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This claim cannot be processed until we have received these enclosures. Also please note that on occasion further information may be requested (e.g. copy Tax Return for a Ltd Company or Partnership) by our Claims Handlers.

Signed:		Date:	
Name:		Position:	

Please return to:
Vantage Claims Department email be-tfpclaims@vantagefp.com