

## **2 PAYROLL GIVING**

NOTES FOR EMPLOYER

### What should an employer do?

- 1** Please complete set of forms and return to AAC
- 2** Payroll department receives the signed request from the employee
- 3** Make the deduction from the payroll and make a bank transfer to Achisomoch Aid Co Ltd.

**The bank details are:**

Achisomoch Aid Co. Ltd.

Sort Code 20-29-37

Account no 20332003

- 4** Forward a listing (including employee name(s), staff no(s) and amount(s) being paid).

If you have any queries, please contact Naomi Cohen on 020 8731 8988.

## 2a PAYROLL GIVING

AGREEMENT WITH ACHISOMOCH AID CO.

**1** This Agreement is between Achisomoch Aid Co. (The Inland Revenue approved agency) and

Company Name

**2** The company will operate the payroll giving scheme introduced by section 27 and 28 Finance Act 1986 and the charitable deductions (approved schemes) regulations 1986.

**3** It is agreed that the company will:

- a** Make the deduction from the employees salary within 30 days of receipt of the original correctly completed and signed form.
- b** Pay Achisomoch Aid Co. within 30 days of deduction and within 14 days of the end of the income tax month.

**4** It is agreed that Achisomoch Aid Co. will:

- a** Provide the company with any information, if requested.
- b** Will provide the employee with a statement of account.
- c** Provide receipts for any payment made, if requested.
- d** Not return any sums already deducted.
- e** Inform the employee if it is not possible to make a payment to a specified charity.

**5** The Employer must inform AAC within 30 days of contract being terminated.

**6** In the event of failure the employer to operate the scheme, Achisomoch Aid Co. may terminate the contract at one month's notice. In such an event.

- a** No further sums shall be withheld by the employer.
- b** Any sums already withheld will paid over to the charity agency.
- c** All sums paid over to the charity agency shall be dealt with in accordance with the terms of the contract.

## SIGNED

For Achisomoch Aid Co.	Please Print
For the Company	Please Print
Position	Date

Please complete all pages in this form

**2b PAYROLL GIVING**

INLAND REVENUE REGISTRATION FORM

Date

Agency Ref: Pr28

**Company Details**

Company name

Address

Postcode

Contact Name

Telephone Number

Tax District and Ref. No

Please complete all pages in this form

## 2c PAYROLL GIVING

### COMPANY DETAILS FORM

#### Company Details

Name of Company, Subsidiary or Group which has signed the contract

Company name	
Address	
Postcode	
Telephone	Fax

#### Primary Contact

Title	Name	Position
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#### Payroll Details

Contact for payroll queries (if different)

Title	Name	Position
Address		
Postcode		
Telephone	Fax	
Tax District	Tax Reference	

#### External computer bureau for processing Payroll (if used)

Name		
Address		
Postcode		
Telephone	Fax	
Title	Name	Position

Please complete all pages in this form