

United Reformed Church \$%m&lo'er(s P) *% ref: #+!,U!68

Na onal Insurance form for the tax year 6 April 2 2! to " April 2 2#
Church Return to be copied to your minister/CRCW

Church name and num-er: _____

Minister, CRC (s name: _____

. ate of /oinin0 church, if a1er 2+,23,45 _____ . ate of leavin0 church, if -efore 26,23,43 _____

Please complete sec on 1 or 2 an\$ then sec on ! an\$ return this form by 1 %une 2 2#

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&art of a ;0rou&in0; in 7hich another church &rovided the e<&ense &a' ments and -ene: ts to ' our minister,
CRC for the en=re ta< ' ear &lease =ck this -o<> Complete the \$eclara on in sec on ! belo/ an\$ return
this form to the O(O (1 ce2

S&C' I(N 2) &3P&NS& PA. O&N' S (, -&N&FI' S P, (4ID&D) 5Complete the \$etails belo/ as appropriate6

Car -ene7t

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