

Tax Ref No:
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## **COMMENCING SELF-EMPLOYMENT**

(PLEASE COMPLETE IN BLOCK CAPITALS)

1.	Title (Mr/Mrs/Miss/Ms):	/Miss/Ms): Forename(s):						Surname:				
2.	Is business full or part time?  If full time:  (a) Date you ceased being employed:  (b) Details of wages from 1st January until you ceased:									art time		
3.	Date you commenced being self-employed:		D	D	М	М	Υ	Υ				
4.	Guernsey Social Security number:											
5.	The nature of your self-employment:											
6.	(a) Trade name, if any:  (b) Name of business partner(s), if applicable:											
	(c) Address of business, if different to home address:  Post Code:											
	Telephone number											
7.	(a) To what date will your first accounts be prepared?  D D M M Y Y  (b) Estimate of business profit to that date:  £											
8.	Name of accountant dealing:											
9.	Do you employ anybody?  If yes: (a) How many? (b) As from when?				Yes					] ۱	No	
Signature:  Data Protection statement: The information provided in this for and used to assist in the issue of your assessment for tax compliants.		Date:										

Form 366 (05/13)

does not allow identification of individuals.

be used for the purposes of the Rolling Electronic Census. Full details of our Data Protection Policy can be found at www.gov.gg/tax. Government statistics may be compiled using information from this form; however, the Director provides this information in a format that