



DIVISION OF ALLOWANCES

DETAILS TO BE TAKEN FROM YOUR CODING NOTICE

Name: _____ Year of Charge _____ Tax No: _____

<u>SECTION A</u>			
Between Husband and Spouse	TOTAL ALLOWANCES	SELF ALLOWANCE	SPOUSE ALLOWANCE
Personal Allowance	£	£	£
Interest Paid etc.	£	£	£
Life Assurance Allowance	£	£	£
Retirement Annuity Allowance	£	£	£
Dependent Relative Allowance	£	£	£
Other Allowances, e.g. Infirm Person, Housekeeper, Charge of Children	£	£	£
TOTAL ALLOWANCES	£	£	£
LESS TOTAL DEDUCTIONS	£	£	£
NET ALLOWANCE AVAILABLE	£	£	£

<u>SECTION B</u>			
Between Employers – Self	EMPLOYER NO. 1	EMPLOYER NO. 2	EMPLOYER NO. 3
Employers Name/s			
Allowance to be granted to each employer	£	£	£
Between Employers – Spouse	EMPLOYER NO. 1	EMPLOYER NO. 2	EMPLOYER NO. 3
Employers Name/s			
Allowance to be granted to each employer	£	£	£

Signature: _____ Daytime Tel No: _____ Date: _____

FOR OFFICE USE ONLY:

Division of Allowances	EMPLOYER NO. 1	EMPLOYER NO. 2	EMPLOYER NO. 3
E.T.I. Reference Number – Taxpayer			
E.T.I. Reference Number – Spouse			

CODING NOTICES ISSUED AT COUNTER:

CODING TO BE ISSUED BY THE ASSESSOR:

Initials: _____

Date: _____

Fair Processing Notice: The information you have provided on this form is required under the Income Tax (Guernsey) Law, 1975 for the purposes of the assessment and collection of income tax. This information will be processed in line with the Data Protection (Bailiwick of Guernsey) Law, 2017. For full details of our Fair Processing Notice and how we look after your data please visit: <https://www.gov.gg/tax>. If you don't have access to the internet please contact us and a paper copy will be provided.