



For Office Use Only

W/F: _____

 F.O: _____

NEW EMPLOYER

Please indicate which type of employer you are by ticking the appropriate box:

- | | | |
|--|--------------------------|---|
| Limited company | <input type="checkbox"/> | (Complete only sections 1(a) and 2 onwards) |
| Directors fees | <input type="checkbox"/> | (Complete only sections 1(a) and 2 onwards) |
| Business (sole trader) | <input type="checkbox"/> | (Complete only sections 1(b) and 2 onwards) |
| Business (partnership) | <input type="checkbox"/> | (Complete only sections 1(b) and 2 onwards) |
| Domestic (ETI Scheme) | <input type="checkbox"/> | (Complete only sections 1(b) and 3 onwards) |
| Domestic (non-ETI) | <input type="checkbox"/> | (Complete only sections 1(b) and 3 onwards) |
| Pension scheme | <input type="checkbox"/> | (Complete only sections 1(c) and 2 onwards) |
| Retirement Annuity Trust Scheme (RATS) | <input type="checkbox"/> | (Complete only sections 1(c) and 2 onwards) |

1(a)	Name of company:	Company reference:
1(b)	Name of business owner:	Personal tax reference:
	Name of business owner:	Personal tax reference:
	Name of business owner:	Personal tax reference:
1(c)	Name of scheme:	Scheme reference:
2	Trading name:	
3	Payroll address:	
	
	
	
	Post code:
4	Telephone number:	Mobile/other number:
5	E-mail address for communications:	
	Please use the same e-mail address for annual codings: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	E-mail address for annual codings (if different):	
6	Please supply a contact name for ETI queries:	

7(a)	Date employment commenced (first pay date):					
7(b)	Pay frequency:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Biannually <input type="checkbox"/>	Annually <input type="checkbox"/>	Other <input type="checkbox"/>
	If "Other", please specify:					
8	Number of employees:					
9(a)	How do you intend to submit your quarterly ETI returns:					
	Returns Creator (https://rc.gov.gg)	<input type="checkbox"/>				
	Third party payroll software (please complete section 9(b))	<input type="checkbox"/>				
	Own payroll software	<input type="checkbox"/>				
9(b)	Name of third party payroll software/provider:					
10	Nature of Business:					
11	Economic classification code (https://www.gov.gg/ecodes):					

Signature: _____ **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/revenueservice>. If you don't have access to the internet please contact us and a paper copy will be provided.

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Returns Creator website details given (https://rc.gov.gg)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date first return required given	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reference number issued <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reference added to mailing list	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E-mail address added to mailing list	Communications <input type="checkbox"/>	Annual Codings <input type="checkbox"/>
626 letter sent	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Initials: _____

Date: _____

Form 370a (10/18)