



States of Guernsey
Income Tax

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)
R.A.T.S	<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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/> 3 rd Party Payroll Software (please complete section 9(b)) <input type="checkbox"/> Own Payroll Software <input type="checkbox"/>
9(b). Name of 3 rd Party Payroll Software/Provider:
10. Nature of Business:
11. Economic classification code (https://www.gov.gg/ecodes):

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

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"/>	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 (06/17)