



Tax Ref No:

COMMENCING SELF-EMPLOYMENT

(PLEASE COMPLETE IN BLOCK CAPITALS)

1. Title (Mr/Mrs/Miss/Ms):	Forename(s):	Surname:										
2. Is business full or part time? Full time <input type="checkbox"/> Part time <input type="checkbox"/> If full time: (a) Date you ceased being employed: _____ (b) Details of wages from 1 st January until you ceased: _____												
3. Date you commenced being self-employed: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>			D	D	M	M	Y	Y				
D	D	M	M	Y	Y							
4. Guernsey Social Security number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
5. (a) The nature of your self-employment: _____ (b) Economic classification code (see https://www.gov.gg/ecodes) _____												
6. (a) Trade name, if any: _____ (b) Name of business partner(s), if applicable: _____ _____ (c) Address of business, if different to home address: _____ _____ <div style="text-align: right; margin-right: 50px;">Post Code _____</div> Telephone number _____ Email address _____												
7. (a) To what date will your first accounts be prepared? <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> (b) Estimate of business profit to that date: £.....			D	D	M	M	Y	Y				
D	D	M	M	Y	Y							
8. Name of accountant dealing: _____												
9. Do you employ anybody? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: (a) How many? _____ (b) As from when? _____												

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: Remove '/T' if applicable and send 098 letter

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.