



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; text-align: center; width: 100px; height: 20px;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 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; text-align: center; width: 100px; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 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; text-align: center; width: 100px; height: 20px;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 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

Data Protection statement: The information provided in this form will be processed in accordance with the Data Protection legislation and used to assist in the issue of your assessment, for tax compliance, to ensure that details held are accurate and up to date, and may also 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 does not allow identification of individuals.

Form 366 (06/17)