



STATES OF GUERNSEY INCOME TAX

TREASURY AND RESOURCES DEPARTMENT

2012 INCOME

PERSONAL RETURN - CALENDAR YEAR 2012

I hereby require you to complete this form and return it to me by 30 November 2013, or within 21 days if the date of issue is after 9 November 2013. Penalties will be imposed, and in some instances prosecution may be sought, if this form is not received by the due date.

R.R. GRAY, Director

ISSUE DATE: January 2013

RECEIVED:

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING A BLACK OR DARK BLUE BALL POINT PEN

IF YOU ARE A MARRIED COUPLE AND JOINTLY ASSESSED, PLEASE ENSURE THE HUSBAND'S DETAILS ARE ENTERED UNDER SECTION 1 BELOW.

1. PERSONAL DETAILS

Please enter your income tax reference number in these boxes: (e.g. 0V.123456/R or 10.987654B/R):

Income tax reference number boxes

Full name:

Address:

Date of birth: DDMMYY

Postcode:

Former address if you have moved in the last 12 months:

2. MARRIED PERSONS: Details of your wife living with you or wholly maintained by you in 2012:

Wife's full name: Date of Birth: DDMMYY

If married after 31 December 2011, please show - your wife's former name - date of marriage DDMMYY

3. RESIDENCE DETAILS

Were you/your wife resident in Guernsey, Alderney or Herm for 182 days or more during the calendar year 2012?

SELF and SPOUSE Yes/No checkboxes

If 'No', please confirm the date(s) of arrival and/or departure, using a separate sheet if necessary.

Arrival and Departure Date boxes for SELF and SPOUSE

I HEREBY CERTIFY that to the best of my knowledge and belief all the statements made in every part of this return and in any information attached are TRUE AND CORRECT and that I have included details of ALL MY INCOME AND THAT OF MY WIFE from every source whatsoever in the calendar year 2012.

I confirm that I have made, kept and retained the appropriate records, as required by the Income Tax (Keeping of Records etc) Regulations, 2006 & 2012.

I understand that penalties may be imposed or prosecution sought if I:

- submit an income tax return which is materially incorrect or incomplete, and
fail to make/keep the appropriate records.

Signature box

Social Security no. Self

Spouse

Daytime tel. no. (optional)

Date: DDMMYY

E-mail address (optional)

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.

Fill in below details of **your total worldwide income, and where appropriate, that of your spouse**, for the calendar year 2012. **WHERE UNDER ANY SECTION THERE WAS NO INCOME, STATE "NONE"**.

	Self	Spouse															
A. EMPLOYMENT																	
Occupation - SEE NOTE 1 ENCLOSED															
(1) Gross wages, salary, fees or other earnings including bonuses, overtime, part-time or casual earnings. Show name and address of, and income from, each employer.	£	£															
TOTALS																	
(2) Benefits in Kind • Show value of benefits other than those included by your employer in gross pay shown above.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Benefits in Kind</td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Motor vehicle</td> <td>.....</td> <td>.....</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Accommodation</td> <td>.....</td> <td>.....</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Share options</td> <td>.....</td> <td>.....</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Other benefits</td> <td>.....</td> <td>.....</td> </tr> </table>		Benefits in Kind			Motor vehicle	Accommodation	Share options	Other benefits
Benefits in Kind																	
Motor vehicle															
Accommodation															
Share options															
Other benefits															
(3) Tips, gratuities and similar receipts																	
DEDUCTIONS: Contributions to an employer's approved pension scheme																	
Other claimable deductions																	

	Self £	Spouse £
B. SELF-EMPLOYMENT: (Including trades and professions) - SEE NOTE 2 ENCLOSED		
Nature of self-employment		
Turnover less than £15,000 <input type="checkbox"/> Tick here and provide 3 line accounts (Form 3LA available at www.gov.gg/form3la)		
Turnover more than £15,000 <input type="checkbox"/> Tick here and provide accounts and computations (Form TPLA available at www.gov.gg/tpla)		

C. PENSIONS RECEIVED: (e.g. State pensions, occupational and personal pensions from any country, whether or not tax has been deducted. If overseas tax has been deducted, evidence should be submitted.)

Source of Pensions	Frequency paid e.g. weekly/monthly	Weekly/monthly rate at 1.1.2013	Date commenced if in 2012	Total gross pension 2012
Self				
Pension 1				
Pension 2				
Pension 3				
Pension 4				
Spouse				
Pension 1				
Pension 2				
Pension 3				
Pension 4				

D. OWNERSHIP OF PROPERTY: (Dwelling houses, glasshouses, land and buildings) - SEE NOTE 3 ENCLOSED

Section 1—Your principal private residence (PPR) and all property not let					PPR ("✓") where relevant	Purchase date if in 2012
Address						
.....						
.....						
.....						
Section 2—Let property (Give details for each property separately)					Gross rent received	
Address	Description	Name of occupier	Who pays for repairs tenant/owner	Please "✓" if let furnished	Self £	Spouse £
.....						
.....						
.....						

K. INCOME ARISING IN GUERNSEY, ALDERNEY OR HERM TO A NON-RESIDENT:

During 2012 did you or your spouse pay to a non-resident individual or company any income arising from sources in Guernsey, Alderney or Herm? Please tick the appropriate box. Yes No

If "YES", show in the box the reference number, if known, under which tax is remitted and state name(s) and address(es) of non-resident(s) and amount(s) paid in 2012 below:

Name(s)	Address(es)	Amount(s) paid in 2012
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CLAIM FOR ALLOWANCES RELATING TO THE CALENDAR YEAR 2012

L. DETAILS OF CHILDREN in respect of whom a Guernsey Family Allowance was received by you or your spouse in 2012 or who received full-time higher education in 2012. *If the child is aged over 19 and in full time higher education, or the child's income exceeds the single person's allowance, details of their income **must** be provided.

Surname	Forename(s)	Date of birth			Income of child in 2012 (*see above)	Name and address of university, college or school which child attended in 2012
		DD	MM	YY		
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M. CHARGE OF CHILDREN:

All claimants must be in receipt of a Guernsey Family Allowance (unless the child is in full-time higher education) and **must complete Section L.**

- (1) If you are a **lone parent** (not cohabiting) and wish to claim the allowance, **you must tick this box.**
- (2) If you are a married person who maintained or employed a person in 2012 for the purposes of having charge and care of a child because your spouse was totally incapacitated, **you must tick this box.**

N. DEPENDENT RELATIVES: Maintained wholly or in part at your expense or that of your spouse - **SEE NOTE 10 ENCLOSED.**

Particulars relating to relative maintained						Amount contributed annually	
Full name	Present address	Year born	Relationship	Income of dependant 2012	Grounds of claim	By you, or your spouse	By other relatives. If none, state "NONE"
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O. PERSONAL PENSIONS - Guernsey approved contracts ONLY:

Pension company or trust scheme	Number of contract	Date payments commenced	Name of annuitant	Premium or contribution for the year 2012
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P. INFIRM PERSON'S ALLOWANCE / HOUSEKEEPER ALLOWANCE: If you wish to make a claim for either of these allowances, please enter details below (existing claimants only) - **SEE NOTE 11 ENCLOSED:**

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BEFORE SUBMITTING THIS FORM, PLEASE ENSURE IT IS SIGNED ON PAGE 1.