



For Office Use Only	
W/F:	_____

F.O:	_____

Ceased Employing

1. Employer Name:	Reference:
2. Date ceased employing:	
3. Last ETI return to be submitted:	
4. Have you ceased employing permanently? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, when do you expect to recommence employing?	
5. Please provide an address for any queries about previously submitted returns:	

Post Code:	
6. Please provide an email address for any queries about previously submitted returns:	

I can confirm that the above information is accurate to the best of my knowledge and that I understand that I need to contact Income Tax should I commence employing again.

Signature: _____ **Date:** _____

Position within Company (if appropriate): _____

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Deleted on ITAX	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Made inactive on mailing list	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Initials: _____ **Date:** _____

Form 370b (09/17)