



States of Guernsey  
Income Tax

<b>For Office Use Only</b>	
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 re-commence employing?	
5.	Please provide an address for any queries about previously submitted returns:	
	_____	
	_____	
	_____	
	Post Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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): \_\_\_\_\_

**FOR OFFICE USE ONLY:**

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** (09/16)