



# States of Guernsey Income Tax

Tax Ref No:

## NEW ARRIVALS

The personal allowance will be shared equally between husband and wife, unless some other proportion is required. If so, please complete a DIVISION OF ALLOWANCES FORM (no. 340a).

All income not taxed at source may be included in the relevant Coding Notice, based on the information provided in sections 11 and 12.

1. Title (Mr/Mrs/Miss/Ms):	Forename(s):	Surname:						
2. Full name of Wife/Husband (if applicable):								
3. Is your Wife/Husband in Guernsey/Alderney with you?    Yes <input type="checkbox"/> No <input type="checkbox"/>								
4. Date of Marriage, if applicable:								
5. Guernsey/Alderney address:								
<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div>								
Post Code:		<table border="1" style="border-collapse: collapse; width: 100%;"> <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> </tr> </table>						
6. Home Telephone Number:		Work Telephone Number:						
7. On what date did you arrive in Guernsey/Alderney?								
8. Were you employed between 01 January and the date you arrived in Guernsey/Alderney?    Yes <input type="checkbox"/> No <input type="checkbox"/>								
9. How long do you intend to stay in Guernsey/Alderney?								
a) Permanently <input type="checkbox"/> b) Less than 1 year <input type="checkbox"/> c) More than 1 year <input type="checkbox"/>								
If more than 1 year, please state how long:								

10. What type of accommodation are you living in? (Please tick one box)

(a) Owned by you	<input type="checkbox"/>	(e) Rented by you	<input type="checkbox"/>
(b) Provided by your employer, rent-free	<input type="checkbox"/>	(f) With parents	<input type="checkbox"/>
(c) Provided by your employer, rent payable	<input type="checkbox"/>	(g) Hotel / Guesthouse	<input type="checkbox"/>
(d) 'En famille'	<input type="checkbox"/>		

11. Name / Address of Employer:

Self: \_\_\_\_\_ Spouse: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you/your spouse entitled to any of the following benefits (please tick relevant boxes):

<b>SELF:</b>	Free use of motor vehicle:	Yes <input type="checkbox"/>	Free food	Yes <input type="checkbox"/>	Free Accommodation	Yes <input type="checkbox"/>
		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>
<b>SPOUSE:</b>	Free use of motor vehicle:	Yes <input type="checkbox"/>	Free Food	Yes <input type="checkbox"/>	Free Accommodation	Yes <input type="checkbox"/>
		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>

12. Estimate of income from any of the following sources, from date of arrival in Guernsey to 31 December of that year. Please indicate if overseas tax is deducted at source.	Tax Deducted (please tick)	Self £	Spouse £
(a) Employment			
(b) Business			
(c) Pensions			
(d) Bank/Building Society Interest			
(e) Gross rental income: Is property let furnished Yes <input type="checkbox"/> No <input type="checkbox"/>			
(f) Other (e.g. dividends)			

## CLAIM FOR ALLOWANCES

13. **Details of Children** in respect of whom a Guernsey Family Allowance is/will be receivable by you or your spouse this year, or who is still in full-time education:

		For all Children			For Children aged 19 years or more	
		Date of Birth			Estimated Income of Children	Name and address of university, college or school which the child is attending
Surname	Full Names	Day	Month	Year		

If you are a **lone parent** (not cohabiting) and wish to claim the allowance, **you must tick this box**

14. **Life Assurance**

Name of Insurance Company	Number of Policy	Date Payments Commenced	Name of Person Insured	Sum Assured	Premiums for year 200...

15. **United Kingdom National Insurance Scheme**

Amount of contributions that will be paid in this calendar year:      Self: £                      Spouse: £

16. **Deductions Claimed** - state the names and addresses of persons to whom interest is payable and the amount payable to each person. Interest paid to a bank must not include commission or any other charges added by the bank.

	Name and Address of Lender	Estimate of interest payable from date of arrival to 31 December.	
		Self	Spouse
Mortgages			
Personal/other loans			
Maintenance	If you are paying maintenance under a Court Order which commenced prior to 1 March 2003, please forward a copy of the Order.		

17. Date of Birth	Self: <input style="width: 100px; height: 20px;" type="text"/>	Spouse: <input style="width: 100px; height: 20px;" type="text"/>
18. Guernsey Social Security Number	Self: <input style="width: 200px; height: 20px;" type="text"/>	Spouse: <input style="width: 200px; height: 20px;" type="text"/>
19. Last UK / Overseas Address:	<hr/> <hr/> <hr/> <hr/> <hr/>	
	Post Code	<input style="width: 100px; height: 20px;" type="text"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Non-Resident <input style="width: 40px; height: 25px;" type="checkbox"/>	Resident Only <input style="width: 40px; height: 25px;" type="checkbox"/>	Solely or Principally Resident <input style="width: 40px; height: 25px;" type="checkbox"/>
Coding Notice(s) Issued:	Taxpayer <input style="width: 40px; height: 25px;" type="checkbox"/>	Spouse <input style="width: 40px; height: 25px;" type="checkbox"/>
		Allowance Change <input style="width: 40px; height: 25px;" type="checkbox"/>

**Form 1262** (07/04)