



States of Guernsey Income Tax

Tax Ref No:

RETURNING TO GUERNSEY / ALDERNEY

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:		
<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
Post Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
6. Home Telephone Number:		Work Telephone Number:
7. What date did you leave Guernsey/Alderney?		What date did you return to Guernsey/Alderney?
Self:	Spouse:	Self: Spouse:
8. When you left Guernsey/Alderney, was it your intention to return? Yes <input type="checkbox"/> No <input type="checkbox"/>		
9. How long do you intend to stay in Guernsey/Alderney?		
a) Less than 1 year <input type="checkbox"/> b) More than 1 year <input type="checkbox"/> c) Permanently <input type="checkbox"/>		
If more than 1 year, Please state how long		
10. What was the nature of your accommodation whilst absent from Guernsey/Alderney?		
(a) Parents <input type="checkbox"/> (b) Rented <input type="checkbox"/> (c) Own House <input type="checkbox"/> (d) Other <input type="checkbox"/>		
If Other, please specify:		
11. Did you have any accommodation maintained for you in Guernsey/Alderney while you were away? Yes <input type="checkbox"/> No <input type="checkbox"/>		
12. 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"/>		

13. Please list periods of employment whilst away, together with the names and addresses of employers. You may be required to provide details of earnings and tax paid whilst out of Guernsey/Alderney.			
	Period(s) of Employment	Name(s) and Address(es) of Employer(s)	
(a) Self			
(b) Spouse			
14. If you own property in Guernsey, was it let during your absence: Yes <input type="checkbox"/> No <input type="checkbox"/>			
15. Name / Address of your present employer:			
Self: _____		Spouse: _____	
_____		_____	
_____		_____	
Are you/your spouse entitled to any of the following benefits (please tick relevant boxes):			
Self:	Free use of motor vehicle	Free Food	Free Accommodation
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse:	Free use of motor vehicle	Free Food	Free Accommodation
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Please list previous periods of employment in Guernsey/Alderney, together with the names and addresses of employers:			
	Period(s) of Employment	Name(s) and Address(es) of Employer(s)	
(a) Self			
(b) Spouse			
17. Estimates 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			
(f) Other (e.g. dividends)			

CLAIM FOR ALLOWANCES

18. **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

19. **Life Assurance**

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

20. **United Kingdom National Insurance Scheme**

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

21. **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.		

22. Date of Birth	Self: <input style="width: 100px; height: 20px;" type="text"/>	Spouse: <input style="width: 100px; height: 20px;" type="text"/>
23. Guernsey Social Security Number	Self: <input style="width: 200px; height: 20px;" type="text"/>	Spouse: <input style="width: 200px; height: 20px;" type="text"/>
24. 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 type="checkbox"/>	Resident Only	<input type="checkbox"/>	Solely or Principally Resident	<input type="checkbox"/>	
Coding Notice(s) issued:	Taxpayer	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Allowance Change	<input type="checkbox"/>
Checked for tax outstanding/written off? If tax outstanding/written off, contact Collection Section.			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Form 349 (08/04)