



Income Tax Office

HM Government of Gibraltar

TERMINATION OF EMPLOYMENT PAYMENT QUESTIONNAIRE

Reason for cessation of employment (Please tick where appropriate)			
Retirement	Redunancy	Settlement	Compromise Agreement
Other reason for cessation (please specify): -			
Employee (Name):-		Tax Payer Ref N ^o :-	
Employee's Address:-			
Age:-	Has the employee ever been a Director/Shareholder of the company? Yes / No	I/C Card N ^o :-	
Date of commencement:		Date of termination:	
Length of service: -	<input type="text"/> Years.	<input type="text"/> Months.	<input type="text"/> Days.
Length of notice given: -	<input type="text"/> Months.	<input type="text"/> Weeks.	<input type="text"/> Days.
Total pay in current tax year: £		Total tax deducted in current tax year: £	
Pension contributions in current tax year: <i>Employee</i> £		<i>Employer</i> £	
Total Employee's Social Insurance deducted in current tax year: £			
Number of contributions:		Contribution Class: ER MW PN	
Total Amount of benefit in kind in current tax year paid to employee: £			
If no notice was given what amount was paid as compensation: - £			
Amount to be paid: - *			
*This amount should not include any sum paid as compensation in lieu of notice, holiday pay, back pay etc.			
Employer:-			
Employer's Address:-			
Is this amount payable under contract? (i.e. tick 'No' if following statutory guidelines or company policy on redundancy. Tick yes if the payment is stipulated within the employees contract)			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A copy of the Terms of Engagement and Termination of Employment approved by the Department of Employment <u>must</u> be accompany this questionnaire.			
Details of how the full termination payment has been computed: -			