

RETURN OF EXPENSES, PERQUISITES AND BENEFITS RECEIVED BY EMPLOYEES FOR THE TAX YEAR 1 JULY 2017 TO 30 JUNE 2018



Income Tax Office
HM Government of Gibraltar

FORM P10/10A

2017/2018

EXPLANATORY NOTES FOR COMPLETION OF FORM P10/10A

Section 1	Employee Details
(a) Name of Employee: Enter (in block letters) the full name(s) of every employee who has been in receipt of a benefit in kind	
(b) Taxpayer Reference Number: The identifying number of every employee must be entered in this column. You can obtain this number from the employee's PAYE Allowance & Social Insurance Contribution Class Certificate. Failure to enter this number may result in the form P10/10A being returned to you for completion.	

Section 2	Value of Gross Benefits Received
(c) to (h) Benefit in Kind: Enter, under the appropriate columns the total Gross value of the Benefits in Kind paid to each employee.	

Section 3	To be completed only by Employers wishing to pay the tax on behalf of their employees
(i) Value of benefit(s) which the employer will pay tax on: Please enter the amount on which the employer opts to pay on tax benefits received from (c) to (g).	
(j) Value of benefit which the employer will pay tax on: Please enter the amount on which the employer opts to pay tax on benefits received under Private Medical Insurance (h).	
(k) Tax Free Allowance (max £250): Each employee is entitled to a tax free allowance on benefits received of up to £250 <ul style="list-style-type: none"> • If the tax is to be paid by the employee no entry is required in this column as the allowance will be deducted at assessment time. • If the tax is to be paid by the employer please enter the value of £250 or the total value of benefits paid whichever is the lesser. 	
(l) Exemption on private medical insurance: An exemption of up to £5,155 is allowed on employees who are paying tax under the Allowances Based System (ABS) or up to £3,000 for those paying tax under the Gross Income Based System (GIBS) on any benefits received in respect of private medical insurance (h). <ul style="list-style-type: none"> • If the tax is to be paid by the employee no entry is required in this column as the allowance will be deducted at assessment time. • If the tax is to be paid by the employer please enter the value of £5,155 or £3,000 in the relevant columns or the total value of benefits paid whichever is the lesser. You should check which tax code has been applied on your employee's June wages in order to ascertain whether to use the ABS or GIBS exemption. 	
(m) Total value of benefit(s) which the employer will pay tax on: This is the total value on which the employer will pay tax after deducting the tax free allowance and/or Medical Exemption. $(i + j) - (k + l)$	
(n) Total tax paid by the employer: Please enter the total tax due in respect of each employee. If the value of benefits paid to an employee is under £15,000 tax is payable at 20%. If the value of the benefits paid to an employee is above £15,000 tax is payable at 29%	

YOU ARE REQUIRED TO COMPLETE THIS FORM IN RESPECT OF ALL EMPLOYEES WHO HAVE RECEIVED A BENEFIT IN KIND FOR THE PERIOD 1st JULY 2017 TO 30th JUNE 2018. YOU SHOULD THEREFORE COMPLETE THIS FORM AND RETURN IT TO THE INCOME TAX OFFICE NO LATER THAN THE 31st JULY 2018. NIL RETURNS ARE NOT REQUIRED TO BE SUBMITTED.

Before submitting this form to the Income Tax Office please ensure that all the relevant information has been properly filled in and the declaration has been signed. Failure to fill in this form correctly will result in the form not being accepted and returned to you for correction/completion.

DECLARATION	
Enter the capacity in which you are signing :	Date:
Please PRINT your name	
Signature	
Email	Tel No

FOR OFFICE USE ONLY			
RECONCILIATION			DATE RECEIVED
Processed by			
Amended by			
Comments			

PLEASE NOTE THAT THIS FORM MUST REACH THE INCOME TAX OFFICE BY NO LATER THAN 31 JULY 2018.

