



YOU ARE REQUIRED TO COMPLETE THIS FORM IN RESPECT OF ALL EMPLOYEES WHO HAVE RECEIVED A BENEFIT IN KIND FOR THE PERIOD 1<sup>st</sup> JULY 2025 TO 30<sup>th</sup> JUNE 2026. PLEASE COMPLETE THIS FORM AND RETURN IT TO THE INCOME TAX OFFICE BY EMAIL TO [employerforms@gibraltar.gov.gi](mailto:employerforms@gibraltar.gov.gi) BY NO LATER THAN 31<sup>st</sup> JULY 2026.

**NIL RETURNS ARE NOT REQUIRED TO BE SUBMITTED.**

COMPANY NAME:

TIN:

EMPLOYER REF:

Before submitting this form to the Income Tax Office please ensure that all 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	
Capacity in which you are signing	Date:
Please <b>PRINT</b> your name:	
Signature:	
Email:	Tel No:

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