

FORM P7A PART 1

Details of employee leaving work

						(Mr Mrs	Miss Ms)	
Surname (in capitals)								
2. Forename(s) (in capitals)								
3. PAYE Ref.		4. Date of Birth			5.Taxpayer Ref.			
6. Identity Card Number								
7. Date of Leaving (in figures)		Da	ay		Month	Y	ear	
8. Tax Code number at date of leaving (if code 'X' mark 'X'). If Tax Code 52 copy code instructions, Deduct the first							e first	
if any				£	of monthly	or £	weekly	
pay and tax balance at code 52								
Social Insurance of leaving work (pleas	e of		ER	MW	PN			
10. Total Employee's Social Insurance Contribution paid to date in current tax year (see note 5) £ p								
Number of contrib	outions			l				
	Period				Cor	ntribution Cl	300	
(from	to)	Е	R MW	PN	a33	
(from	to)	Е	R MW	PN		
11. Total pay to date in	year			£		p		
(from to)				1		
12. Total tax to date in current tax year £ p							р	
(from to)						
13. Total Occupational Pension/Personal Pension								
Scheme contributions					£		p	
(from to)						
14. Total Amount of be kind paid to employ			15. I cert		he details ent		are correct.	
£ p	p	Employer						
		Address						
		Date						

INSTRUCTIONS TO EMPLOYER

Complete this form in full for every employee leaving your employment.

Detatch Part 1 and send it to the Tax Office IMMEDIATELY.

Hand Parts 2 and 3 (unseparated) to your employee when he or she leaves.

Please circle class of Social Insurance being paid by employee at date of leaving.

Lump sums paid to individuals on termination of employment that are not taxable and must not be included in the P7A.

If employee has been in receipt of any benefits from you, please provide details.



FORM P7A PART 2

Details of employee leaving work

						(Mr Mrs	s Miss Ms)	
Surname (in capitals)								
2. Forename(s) (in capitals)								
3. PAYE Ref.		4. Date of Birth			5.Taxpayer Ref.			
6. Identity Card Numb								
7. Date of Leaving (in figures)		D	ay	M 	onth	Y 	′ear	
8. Tax Code number mark 'X'). If Tax Code						Deduct th	ne first	
if any				£	of monthly	or £	weekly	
pay and tax balance at code 52								
Social Insurance (leaving work (plea		class at da	te of		ER	MW	PN	
	3 . (1							
10. Total Employee's	Social Insura	ance Contrib	oution paid i	to date in cu	ırrent tax yea £	ir (see note	5) p	
Number of contri	butions						,	
	Period				Cou	ntribution C	loco	
(from	to)	Е	R MW	PN	1055	
(from	to)	Е	R MW	PN		
11. Total pay to date	in current tax	c year		,	£		р	
(from to)				I		
12. Total tax to date i	year			£		р		
(from to)				ı		
13. Total Occupational Pension/Personal Pension								
Scheme contributions	paid by emp	•		1	£		р	
(from to)						
14. Total Amount of benefit in 15. I certify that all the details entered above are correct								
kind paid to emplo	-	Employer		(BI	LOCK LETTE	:RS)		
		Address						
		Date						
GOING TO A NEW JOB Separate both forms and keep Part 2 for your records. Hand Part 3 to your new employer, otherwise he will have to tax you under the emergency code 'X' (20%) BECOMING SELF - EMPLOYED								
Contact the Income Tax Office IMMEDIATELY (Tel: 20074874 / email: selfemployed@gibraltar.gov.gi)								



FORM P7A PART 3 New employee details

							(3.4.3.4	
1. Surname							(Mr Mrs	Miss Ms)
2. Forenam	, ,							
3. PAYE Ref.			4. Date of Birth			5. Taxpayer Ref.		
6. Identity (Card Number			01/		Month	V	ear
7. Date of I	7. Date of Leaving (in figures)			ay		vioriui		eai
8. Tax Code number at date of leaving (if code 'X' mark 'X'). If Tax Code 52 copy code instructions,						Deduct th	e first	
if any £ of monthly or £ week							weekly	
0 Social In	ouranaa aantri	ibutiono olog	a at data of	:	pay and	tax balance a	t code 52	
Social Insurance contributions class at date of leaving work ER MW PN							PN	
TO NEW EMPLOYER - COMPLETE ITEMS 10 TO 12 AND SEND THIS FORM IMMEDIATELY TO THE TAX OFFICE TOGETHER WITH A COPY OF THE EMPLOYEE'S NOTICE OF TERMS OF ENGAGEMENT ISSUED BY THE MINISTRY OF EMPLOYMENT. YOU MUST APPLY THE CODE NUMBER AND SOCIAL INSURANCE CLASS AS SHOWN IN ITEMS 8 AND 9 ABOVE UNTIL YOU RECEIVE A NEW PAYE ALLOWANCE AND SOCIAL INSURANCE CONTRIBUTION CLASS CERTIFICATE.								
10.	New PAYE R	eference Nu	ımber					
11.	Date employr (in figures)	ment comme	enced					
12.	Declaration I certify that the	ne details er	ntered at ite	ms 10 to 11	above are	e correct.		
Employer								
Address								
Date								