

TAX RETURN 2019 (for the tax year 1 July 2018 to 30 June 2019)

Im	portant Notes	
	You are required by law to make a return of your assessable income. This form must be duly completed, signed, bundled together with any relevant documents specifically requested within this form and submitted to the Income Tax Office at St Jago's Stone Block, 331 Main Street, Gibraltar. Accounts must be prepared to 30 June 2019 to coincide with the tax year. If you require any assistance in completing this form please contact our Offices on Tel. No. 200 74874 or by e-mail at selfemployed@gibraltar.gov.gi The 2018/2019 tax calculator can be found on the Gibraltar Government website www.gibraltar.gov.gi/income- tax-office	
	DEADLINE	
	This tax return together with any tax due, must be received by no later than the 30th November 2019.	
	You will be charged a £50 penalty if your tax return is received late with further penalties accruing if the failure continues. Surcharges on late payment of tax will also apply.	

DECLARATION

Full Name		I/D personal r	number or Passport No.
Please tick the box applicable to you			
Married Civil partner Singl	e Widowed	Divorced	Separated
Residential Address			
Mailing Address (If different from above)		Date of Birth	
E-mail Address		Telephone N	lo.
I DECLARE THAT TO THE BEST OF MY KNOW ARE CORRECT AND COMPLETE.	VLEDGE AND BELIEF THE	PARTICULARS G	IVEN ON THIS FORM
Signature:		Date:	
If you make the return as Agent, Executor, T whom made.	rustee, Receiver etc., plea	ase state in what	capacity and for
Name		Capacity	

SECTION 1

INCOME & OUTGOINGS FOR THE YEAR ENDED 30 JUNE 2019

Trade, Business, Profession or Vocation

This section must be completed by everyone who is in receipt of income from a trade, business, profession or vocation (including part-timers). Enter the nature of your trade, profession etc. and the business name and address. Enter your
net profit/loss for the year ended 30 th June 2019. For a new business, enter the date you commenced trading.
An Income and Expenditure Account for the year ended 30 June 2019 must be submitted.

An Income and Expenditure Account for the year ended 30 June 2019 must be submitted.

Nature of Business	Business name (if any)
If you commenced trading during the year ended 30 June 2019 please state date of commencement:	Address
d d m m y y	
Net profit or (loss) as per accounts att	ached $\hat{\mathcal{L}}$. 0 0

Property Letting

An Income & Expenditure account for	the year ended 30 June 2019 must be submitted.
Address(es) of Property	What is your percentage share of the property?
	Please tick relevant box. 100%
	50%
	If 'Other' please insert Other

Dividends & Trust Income

If you are in receipt of dividends or income from a trust, ent are receiving this income and the net amount received. If this income is received from abroad please attach a copy Please specify whether the income received is from divider	of the dividend/trust in	
Name		
Net amount received £ . 0	Dividend	Trust
Name		
Net amount received £ Image: Constraint of the second sec	Dividend	Trust

Pensions and Annuities

If you are in receipt of a pension from Gibraltar or from abroad please enter the details of the payer(s) and gross amounts received. If the pension is received from abroad please attach a copy of the yearly pension statement.	
Occupational Pension	£ . 0 0
Annuity	
Other	

SECTION 1 cont'd

Other Income (Includes income received from outsid	de Gibraltar)
Source	
Gross	Tax Deducted £ 1 0

Gift Aid

Enter details of any gift aid payments made	e during the year.
	stered charities under the Gift Aid Scheme.
Name of Charity	Amount Donated

SECTION 2

EMPLOYMENT INCOME, BENEFITS & EXPENSES FOR THE YEAR ENDED 30 JUNE 2019

This section is <u>only</u> to be completed if you are also in receipt of income taxed under the PAYE system.

Employment

commissions, tips etc. should also be included. Enter employer's name and gross amounts received.	
Employment	£ . 0 0
Director's Fees	
Other	£ . 0 0
	£ . 0 0

Benefits from Employment

Benefits paid by your employer in respect of your private Enter the total amount received or the total 'cash equiva	
Life Insurances and/or Retirement Annuity Contracts	Cars, vans and related benefits
Private medical insurance	Other (please specify)
Accommodation	

Expenses in Employment

Nature of expenses claimed		
	£ 00	
	£ . 0 0	

SECTION 3

ELECTION FOR ALLOWANCES BASED SYSTEM ("ABS") OR GROSS INCOME BASED SYSTEM ("GIBS")

You may opt to pay tax either under the ABS or the GIBS. Pl	ease tick the relevant box.				
In order to fully understand the conditions of your election, please These are available on the Gibraltar Government website at www					
Self Allowances Based System (ABS)	Self Gross Income Based System (GIBS)				
Has your spouse/civil partner opted to pay tax under the Gross Income Based system?	he Yes No				
ІМРОГ	RTANT				
If you have opted to pay tax under the ABS you <u>must</u> complete Section 4. If you have opted to pay tax under the GIBS and you wish this office, at assessment time, to compare which of the two systems is more beneficial to you please complete Section 4.					
If you have opted to pay tax under the GIBS, you ca income from the following : Mortgage interest relief.	n still benefit from a deduction from your assessable				
Contributions made to an approved pension scheme	e.				
Premiums paid towards a private health insurance.					
If you wish to claim for any of the above, please comple	ete the relevant sections.				

SECTION 4 CLAIM FOR ALLOWANCES FOR THE YEAR 1 JULY 2018 TO 30 JUNE 2019

Spouse/Civil partner Allowance

nter your spouse's/civil par	tner's details if living with you o	or wholly maintained	a by you.
First Name	Maiden Name	Date of	Date of Marriage/Civ Birth partnership
		Self	Spouse/Civil
laimed by (Please tick re	Claimed by (Please tick relevant box)		partner

Child Allowance

 Enter the details required for any child you wish to claim. If the child was 16 years or over on 1 July 2018 and was in fulltime education until 30 June 2019 please state name of school, college or university. Please provide proof from the
college or university he/she is attending.

 Surname
 First Name
 Date of Birth
 Name of School, College
or University
 Income in own right

 Image: Surname
 First Name
 Date of Birth
 Name of School, College
or University
 Income in own right

 Image: Surname
 First Name
 Date of Birth
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SECTION 4 cont'd

Nursery School Allowance

You may claim for this allowance if you have a child who is full school year.	attending an indeper	ndent nursery school in Gibraltar for the
A certificate of attendance from the nursery school mu	st be submitted.	
Name of child	Name	of Nursery School
Claimed by (Please tick relevant box)	Self	Spouse/Civil partner

Alimony and Maintenance

Payment to spouse/civil	Name:	Amount Paid:	
partner			
	Name of Child	Date of Birth	Amount Paid
Payment to children			

Disabled Individual Allowance

nancial assistance from the Social Assistance Fund, you ma	ay claim for this a	llowance.	
Full name		Dat	e of Birth
Claimed by (Please tick relevant box)	Self		Spouse/Civil partner

Dependant Relatives

Full name	Date of Birth	or to	hip to you your vil partner	Annual Inco relative	 persons who	rs of other also suppor ative

SECTION 4 cont'd

Health Insurance

If you pay towards an approved insurance policy, scheme, society or fund for the purposes of providing health insurance, you may claim this allowance. Any changes must be supported by documentary evidence. Proof of June 2019 payment must be submitted.

	Contributor	r Name of Insurance Provider	Date of Policy	Member or Policy No.	Premium Payable per Month	Total Premium Payable per Annum
Self	Self					

Mortgage or Loan

If you and/or your spouse/civil partner pa for residential purposes you may claim a A certificate of mortgage/loan interes	an allowance	e in	respect	of the inter	rest paid.		
Address of Property Mortgaged							
Name of Lender				ount of Loar	n		
Date of Purchase			Interest Paid in year				
Purchase Price	Capital Paid in year						
Claimed by (Please tick relevant box)	Self			Spouse/ Civil partner		Joint	

Social Insurance

contributions you are require	ed to record y	our weekly/monthly payr relating to Social Insuran	nents on the	ou pay self-employed or volum Social Insurance Contribution ontact our Contributions Sectio	s Schedule.
Self-Employed		Voluntary		Employee	

Tax Credit for persons aged 60 years or over

 You may apply for a tax credit if you are in receipt of earned income and are 60 years or over.

 If you are in receipt of income exceeding £6,000 per annum in respect of an occupational pension/annuity you are not entitled to this allowance.

 Please answer Yes or No to the following questions
 YES/NO
 If Yes please give details

 Are you currently in receipt of an occupational pension/annuity in excess of £6,000 per annum?
 Will you be receiving an occupational pension/annuity in the future?

 annuity contract?
 Image: Contract in the imag

Please note that if you give incorrect information you will be personally liable to repay any tax credit that is allowed.

				SECI	SECTION 4 cont'd	ont'd				
Life Insurance										
You may claim for premiums paid by you or your spouse/civil partner to insure your own or your spouse's/civil partner's life. The allowable premium must not exceed 7% of the capital sum assured at death nor must the total allowa premiums exceed one seventh of your total income. Please enter self, spouse/civil partner or joint under "Policy Holder" and "On whose Life"	' you or your spou ur total income. P	use/civil partner to in Please enter self, sp	nsure your own c ouse/civil partne	or your spouse's/. r or joint under "F	civil partner's life. Policy Holder" and	The allowable "On whose Lit	premium must not ie"	exceed 7% of the	capital sum assured a	at death nor must the total allowa
Name of Life Insurance Company	Policy No.	Policy Holder	On Whose Life	Date of Policy	Date of Final Premium	Capital Sum Payable at Death	Premium Payable	Frequency of Payment	Allowance claimed by self, spouse/civil partner or joint	OFFICE USE ONLY
Retirement Annuity Contract and Personal Pension Scheme	ld Personal Pe	insion Scheme								
Name of Retirement Annuity			Ĺ	Total			Premium Payable		Sing	Single Premium
Contract or Personal Pension Scheme	Policy No.	Date of Policy	Date of Final Premium	Premium Payable	Premium Payable by Taxpayer			Frequency of Payment	Date Paid	Amount
Occupational Pension Scheme										
Name of Occupational Pension								IMP	IMPORTANT	
Scheme	Policy No.	Date of Policy		Premium Payable Fre	Frequency of payment	ent Evidence Pension (of the June 2019 p Schemes must be s	ayment of the Life ubmitted. You mu	e Insurances, Retiremo Ist also submit docum	Evidence of the June 2019 payment of the Life Insurances, Retirement Annuity Contracts and/or Pension Schemes must be submitted. You must also submit documentary evidence of any variations
						tnat may	nave taken place o	uring the tax year	enaea 30 June 2019.	
							FAILURE TO CO	MPLY WITH THE	MPLY WITH THE ABOVE MAY RESULT IN ALLOWANCE/RELIEF NOT BEING GIVEN.	FAILURE TO COMPLY WITH THE ABOVE MAY RESULT IN THE CORRECT ALLOWANCE/RELIEF NOT BEING GIVEN.

The 2018/2019 tax calculator can be found on the Gibraltar Government website

www.gibraltar.gov.gi/income-tax-office

Calc	ulation of tax payable for 2018/2019
£	Tax payable
£	Less any tax deducted at source (PAYE, dividend, trust, subcontractors)
£	Total tax payable for 2018/19
£	Less payments on account made during the year ended 30 June 2019
£	Balance of tax due
	IMPORTANT - Balance due must be attached when submitting this return.