

Income Tax Office

HM Government of Gibraltar

## Application for Registration of Individuals not subject to PAYE Regulations (SE1b)

### **Important Notes**

This form must be duly completed in **CAPITALS**, signed, and bundled together with any relevant documents specifically requested within this form and submitted to the Income Tax Office to **selfemployed@gibraltar.gov.gi**. Please contact our offices at this email address or on telephone No. 200 71071 if you require any assistance in completing this form.

### Section 1 - Personal Details

#### **Full Name**

Nationality

Date of Birth

**Residential Address** 

**Contact Phone Number(s)** 

**Email Address** 

Taxpayer Iden	tification Number				
Please tick the	box applicable to y	ou:			
Married	<b>Civil Partner</b>	Single	Widowed	Divorced	Separated

If married or in a civil partnership, please complete Section 2, otherwise continue to Section 3

### Section 2 - Spouse / Civil Partner Details

#### Full Name

#### Nationality

Date of Birth

#### **Residential Address**

## Section 3 - Employment Details

#### Name of Last Employer / Details of Previous income earned

**Date Commenced** 

Date of Termination / Cessation

If date of termination/cessation was over 3 months ago, please give details of your status during this period:

If you have any paid employment, please give full details:

**Employer Name** 

**Employer Address** 

If you are a director or shareholder of any limited company, please give full details

#### **Company Name**

Please tick as necessar	y
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Director

Shareholder

Is the above company registered at the Department of Employment?

Yes

No

If no please provide further details

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**Commencement date** 

What is the source of your Income?

Please describe in detail the nature of the income received

Section 5 - Documentation Required

Passport / ID Card

Confirmation from ETB of exemption from the Business, Trade and Professions (Registration) Act

# Section 6 - Declaration

I declare that to the best of my knowledge and belief the particulars given on this form are correct and complete.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please allow at least 10 working days for this office to consider this application.** For Tax purposes you will be administered by the self-employed section as a self-employed individual. An information pack will be sent to you via email upon successful registration.