

TAX RETURN 2024

		(for the tax year 1 July 2023 to 30 June 2024)
	Name:	
	Address:	
	Date:	Tax Identification Number:
lmp	ortant Notes	
	any relevant documents, speci You do not need to sign this Re	te a return of your assessable income. This form must be duly completed and submitted together with fically requested within this form, via return email to taxqi@gibraltar.gov.gi turn. You do need to provide us with a copy of your photo ID (either ID card or passport) in order to ity for the purposes of your declaration.
		DEADLINE
	This Tax R	eturn, together with any tax due must be received by no later than the 30th November 2024.
	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 payments of tax will also apply.
Calc	culation of tax payable for 202	23/2024
1	£	Tax liability for the year 2023/2024
	£	Less payments on account made during the year ended 30 June 2024
	£	Balance of tax due
Payı	ments on account for 2024/2	025
2	£	Estimated tax liability for year 2024/2025 (this should be the same as the amount entered in box 1)
	£	Payment due by not later than 31 January 2025 (this should be 50% of the amount entered in box 2)
	f	Payment due by not later than 30 June 2025 (this should be 50% of the amount entered in box 2)
	If payment is received late a	a 10% surcharge will be charged. An additional 20% surcharge will be charged 90 days after

SECTION 1 - INCOME ACCRUED IN, DERIVED FROM OR RECEIVED IN GIBRALTAR

This section **must** be completed by all High Net Worth Individuals & Category 2 Individuals. All income that is accrued in, derived from or received in Gibraltar must be entered here.

Please give details of the source of the income and gross amounts received.

- 	COVERED E	
Employment/Director's Fees		£ . 0 0
Trade, Business, Profession or Vocation		£ . 0 0
Dividend income*		£ . 0 0
Trust income*		£ . 0 0
Foundation income*		£ . 0 0
Other		£ . 0 0
Pensions		
		£ . 0 0
	ompany payir	
* Please give full details of the source of income e.g. Co		g the Dividend or identify the Trust/Foundation.
* Please give full details of the source of income e.g. Co		
* Please give full details of the source of income e.g. Co		g the Dividend or identify the Trust/Foundation.
* Please give full details of the source of income e.g. Co INCOME NO Employment/Director's Fees		g the Dividend or identify the Trust/Foundation. D BY CERTIFICATE £ 0 0
* Please give full details of the source of income e.g. Control of the source of the source of income e.g. Control of the source		g the Dividend or identify the Trust/Foundation. D BY CERTIFICATE £

SECTION 2 - INCOME RECEIVED OUTSIDE GIBRALTAR

lease give details of the s	ource of the income and	l gross amount	s received.				
mployment/Director's Fe	es			1 1		<u> </u>	
			£				0 0
rade, Business, Profession	n or Vocation			1 1			
			£				0 0
ensions				1 1			
			£				0 0
Other							
			£				0 0

SECTION 3 - CERTIFICATE DETAILS

		Certific	ate Dates
	Certificate No.	From	То
High Net Worth Individual			
Category 2 Individual			
	red by your certificate please provide d	letails as requested	below together with
	Date of birth	details as requested Relationship	below together with a

DECLARATION

Date of Birth	Telephone No.	
Residential Address		
Mailing Address		
F-mail Address		
f you have a spouse/civil partner who is in recei		braltar which is not covered
If you have a spouse/civil partner who is in recei by your certificate, please provide the information	on requested below:	braltar which is not covered ate of Birth
If you have a spouse/civil partner who is in recei by your certificate, please provide the information	on requested below:	
If you have a spouse/civil partner who is in recei by your certificate, please provide the information Spouse/Civil Partner's Full Name	on requested below:	
If you have a spouse/civil partner who is in recei by your certificate, please provide the information Spouse/Civil Partner's Full Name	on requested below:	
If you have a spouse/civil partner who is in recei by your certificate, please provide the information Spouse/Civil Partner's Full Name	on requested below:	
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If you have a spouse/civil partner who is in recei by your certificate, please provide the information Spouse/Civil Partner's Full Name	on requested below:	
E-mail Address If you have a spouse/civil partner who is in recei by your certificate, please provide the information of Spouse/Civil Partner's Full Name Name of your representative in Gibraltar (if apple)	on requested below:	