

# **TAX RETURN 2020/2021**

		Та	xpayers Reference Nun	nber	
				ly completed, signed, but	
You will be cha			y no later than the 30 ived late with further po	th November 2021 enalties accruing if the f	failure continues.
		DECL	ARATION		
ull Name				I/C Personal Number	er or Passport No.
Please tick the box ap	oplicable to you.				
Married	Civil partner	Single	Widowed	Divorced	Separated
Residential Address					
Mailing Address (If di	fferent from above)			Date of Birth	
Email Address				Telephone No.	
COMPLETE.				Date:	
		•	lacation i.e PASSPOR	RT and/or ID CARD wit city.	in this declaration
lame				Capacity	
ELECTION	FOR ALLOWANCES	BASED SYSTEM (	"ABS") OR GROSS II	NCOME BASED SYST	EM ("GIBS")
	You may opt to	pay tax either under	the ABS or the GIBS. F	Please tick the relevant t	oox.
	stand the conditions of y altar Government website			rms and conditions for the	e GIBS. These are
Allowance Base	d System		Gros (GIB	s Income Based System	
(ABS)					
las your spouse/civ Gross Income Base	vil partner opted to pay d system?	tax under the	Yes	No	
If you have	opted to pay tax unde	er the GIBS, you can	still benefit from a dedu	uction from your assess	able income from the
	made to an approved p		.onowing .		
Premiums paid	I towards a private hea		hll-	te the relevant sections	

## INCOME & OUTGOINGS FOR THE YEAR ENDED 30 JUNE 2021

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

If you are in receipt of tips etc. should also be		rship please include your details here. Fees, bonuses, commissions,
		ame and gross amounts received
Employment		
		£
Directors Fees		
2		
		£
Other		
		£
ofita from Employma	.nt	
efits from Employme	ent.	
	Include amounts paid by your emplo	oyer in respect of private and personal expenses.
Life Insurances and/or R	Retirement Annuity Contracts	
		£
Private medical insurance	ce I	
		£
		L
Accomodation		
		£
Cars, vans, and related	benefits	
		£
		L
Other		
		£
		£
sions and Annuities		
If you are in receipt of	a pension from Gibraltar or from ab	road please enter the details of the payer(s) and gross amounts
If you are in receipt of received.		road please enter the details of the payer(s) and gross amounts
If you are in receipt of received.		
If you are in receipt of received.		road please enter the details of the payer(s) and gross amounts
If you are in receipt of received.		road please enter the details of the payer(s) and gross amounts
If you are in receipt of received. If th Occupational Pension		road please enter the details of the payer(s) and gross amounts blease attach a copy of the yearly pension statement.
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If you are in receipt of received.  If th Occupational Pension  Annuity  Other	e pension is received from abroad p	road please enter the details of the payer(s) and gross amounts please attach a copy of the yearly pension statement.  £ £
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If you are in receipt of received.  If th Occupational Pension  Annuity  Other  dends & Trust Incom If you are in receipt of Please specify whether  Dividends - Name of Co  Gross amount received	e pension is received from abroad pure le dividends or income from a trust, eter the income received is from dividents	froad please enter the details of the payer(s) and gross amounts blease attach a copy of the yearly pension statement.  £  £  £  function the trust, company or other. end(s) or trust(s).  Trusts - Name of Trust  £  Gross amount received  £
If you are in receipt of received.  If th Occupational Pension  Annuity  Other  dends & Trust Incom If you are in receipt of Please specify whether  Dividends - Name of Co	e pension is received from abroad pure le dividends or income from a trust, eter the income received is from dividents	froad please enter the details of the payer(s) and gross amounts blease attach a copy of the yearly pension statement.  £  £  £  functor the name of the trust, company or other. end(s) or trust(s).  Trusts - Name of Trust  £  Gross amount received

# 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 parttimers). Enter the nature of your trade, profession etc. and the business name and address. Enter your net profit/loss for the year ended 30th June 2021. For a new business, enter the date you commenced trading. An Income & Expenditure account for the year ended 30 June 2021 must be submitted. Nature if Business Business name (if any) If you commenced trading during the year Address ended 30 June 2021 please state date of commencement: Net Profit or (loss) as per accounts attached. £ **Property Letting** Rents received from prperty situated in Gibraltar. If you own the property together with other persons please state what percentage share you own. An Income & Expenditure account for the year ended 30 June 2021 must be submitted. Address(es) of property What is your percentage share of the property? Please tick relevant box. 100% Please tick relevant box. 50% Other If 'Other' please insert percentage owned Net rents received by you Other Income (Includes income received from outside Gibraltar) Gross £ Deducted £ CLAIM FOR ALLOWANCES FOR THE YEAR 1 JULY 2020 TO 30 JUNE 2021 Spouse/Civil partner Allowance Enter your spouse's/civil partner's details if living with you or wholly maintained by you. First Name Maiden Name Date of Birth Date of Marriage/Civil partnership

Assessment 2020/2021

Please specify if you want to claim the allowance in the assessment

and/or tax code

Tax Code Tax

	(ren

Enter the details required for any child you	wish to claim. If the child was	16 years or over on 1 July 2	2020 and was in full-time education until
30 June 2021 please state name of school	college or university. Please	provide proof from the colle	ege or university he/she is attending.

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

Please specify if you want to claim the allowance in the assessment	Assessment	Tax Code Tax
and/or tax code	2020/2021	Year 2021/2022

## Nursery School Allowance

You may claim for this allowance if you have a child who is attending an independent nursery school in Gibraltar for the full school year.

A certificate of attendance from the nursery school must be submitted.

Name of child	Name of Nursery School		
Please specify if you want to claim the allowance in the assessment	Assessment Tay Code Tay		

Please specify if you want to claim the allowance in the assessment	Assessment	Tax Code Tax
and/or tax code	2020/2021	Year 2021/2022

#### **Alimony and Maintenance**

Give details of any payments you make under a court order, settlement, etc., to your spouse/civil partner and/or your children if you are separated or divorced. Proof of payments must be submitted.

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

			£	
•				
Disease appoint if you want to plaim the allowance in the appearament	Accessmen	t Tay Ca	do Toy	

2020/2021

£

Year 2021/2022

#### **Disabled Individual Allowance**

and/or tax code

Payment to children

If you maintain an individual who is registered at the Department of Social Security as a disabled individual, and receives financial assistance from the Social Assistance Fund, you may claim for this allowance.

Full name		Date of Birth	
Please specify if you want to claim the allowance in the assessment	Assessment	Tax Code Tax	
and/or tax code	2020/2021	Year 2021/2022	

#### **Dependant Relatives**

Subject to certain conditions you may claim relief if you support or help support your widowed mother, your spouse's/civil partner's widowed mother or any other relative who is incapacitated by old age or infirmity. You can claim up to a maximum of two dependants.

Full Name	Date of Birth	Relationship to you or to your spouse/civil partner	Annual Income of relative	Particulars of other persons who also support relative
			£	
			£	

Please specify if you want to claim the allowance in the assessment and/or tax code	Assessment 2020/2021	Tax Code Tax Year 2021/2022

#### 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 2021 payment must be submitted.

Contributor	Name of Insurance Provider	Name of Insurance Provider Date of Policy		Premium Payable per Month	Total Premium Payable per Annum	
Self				£	£	

Please specify if you want to claim the allowance in the assessment	Assessment	Tax Code Tax
and/or tax code	2020/2021	Year 2021/2022

#### Mortgage or Loan

If you and/or your spouse/civil partner pay mortgage or loan interest in respect of a property that you occupy for residential purposes you may claim an allowance in respect of the interest paid.

A certificate of mortgage/loan interest for the year ended 30 June 2021 must be submitted

A certificate of mortgage/loan interest for th	e year ended 3	Julie 2021 IIIu	st be submitted.	
Address of Property Mortgaged				
Name of Lender	Amount of	Loan Advanced	£	
Date of Purchase	Interest	Paid in year	£	
Purchase Price	Capital	Paid in year	£	
Claimed by (Please tick relevant box)		Self	Joint	
Please specify if you want to claim the allowance in the assessment and/or tax code	Assessm 2020/20		Tax Code Tax Year 2021/2022	

#### Social Insurance

Indicate the type of contribution paid by you by ticking the appropriate box. If you pay self-employed or voluntary contributions you are required to record your weekly/monthly payments on the Social Insurance Contributions Schedule.

If you require any assistance on matters relating to Social Insurance please contact our Contributions Section on Tel. No. 20052737; email: sicontributions@gibraltar.gov.gi

Self-Employed	Voluntary	Employee

# Low Income Earners Allowance

To be completed only if estimated assessable inc	come for the tax year 1st July 2021 to 30th June 2022 is £19,500 or less
Employment Income (Gross)	£
Any other profits or income	£
Total estimated assessable income	£

Please note that if you underestimate your assessable income there could be an under deduction of tax which will come to light when your assessment for the year 2021/22 is processed.

## Tax Credit for persons aged 60 years or over

Please answer Yes or No to the following questions	YES/NO	If yes please give details
Are you 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?		
Have you ever contributed towards any pension scheme or retirement annuity contract?		
Has any employer, past or present, ever contributed towards any pension scheme or retirement annuity contract on your behalf?		
Have you ever received or will receive a lump sum in lieu of a pension/annuity?		

Life Insurance															
You may claim for premiums paid by you of seventh of your total income. Please enter				oouse's/civil partner's I	life. The	e allowable prem	nium mi	ust not exc	ceed 7% of the ca	pital s	sum assured at dea	ith nor must the total allo	owable premiums exceed one		
Name of Life Insurance Company	Policy No.	Policy Holder	On Whose Life	Date of Policy		ate of Final Premium	Pay	ital Sum /able at )eath	Premium Pay	able	Frequency of Payment	Allowance claimed by self or joint	OFFICE USE ONLY		
Retirement Annuity Contract and Po	ersonal Pension	Scheme													
Name of Retirement Annuity								Premium Payable by		,		Single Premium			
Contract or Personal Pension Scheme	Policy No.	Date of Policy	Date of F Premiu			Premium Pay by Taxpay	Payable E		Employer (if applicable)		requency of Payment	Date Paid	Amount		
Occupational Pension Scheme				•											
Name of Occupational Pension Scheme	Policy No.	Date of Polic	y Pr	emium Payable	Frequency of payme		Frequency of payment				s must be submitte	ed. Yo		t documentary evidence	nuity Contracts and/or Pension of any variations that may
								FAILUR	RE TO COMPLY V	VIТН Т		ESULT IN THE CORRE G GIVEN.	CT ALLOWANCE/RELIEF NO		