



# TAX RETURN 2018/2019

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 in this form and submitted to the Income Tax Office at St Jago's Stone Block, 331 Main Street, Gibraltar.

## DEADLINE

**This Tax Return must be received by no later than the 30th November 2018.**

You will be charged a £50 penalty if your tax return is received late with further penalties accruing if the failure continues.

## DECLARATION

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE PARTICULARS GIVEN ON THIS FORM ARE CORRECT AND COMPLETE

### SELF

Full Name:	I/D personal no:
Address:	Tel No:
Email:	Date of birth
Signature:	Date:

### SPOUSE/CIVIL PARTNER

(TO BE COMPLETED IF IN RECEIPT OF INCOME)

Full Name:	I/D personal no:
Email:	Date of birth
Signature:	Date:

If you make the return as Executor, Trustee, Receiver etc., state in what capacity and for whom made.

Name of person you have signed for:	Capacity:

IF THERE ARE ANY CHANGES DURING THE TAX YEAR ENDED 30 JUNE 2019 THAT AFFECT YOUR ENTITLEMENT TO THE DEDUCTIONS AND ALLOWANCES CLAIMED HEREIN, YOU ARE ADVISED TO CONTACT THIS OFFICE IMMEDIATELY.

**SECTION 1****INCOME EARNED FOR THE YEAR ENDED 30 JUNE 2018**This Section is to be completed by all individuals.**1 - Employment**Enter your, and/or your spouse's/civil partner employers name and the total **gross** amount earned. Fees, bonuses, commissions, tips etc. should also be included.

	Self	Spouse/Civil partner
Employers Name	<input type="text"/>	<input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Director's Fees	<input type="text"/>	<input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Other	<input type="text"/>	<input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>

**2- Benefits from Employment**

Include amounts paid by your, and/or your spouse's/civil partner employer in respect of private and personal expenses.

	Self		Spouse/Civil partner	
	Amount	Tax paid by Employer	Amount	Tax paid by Employer
Life Insurances and/or Retirement Annuity Contracts	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Private medical insurance	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Accommodation	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Cars, vans and related benefits	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

**3 - 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<sup>th</sup> June 2018.**An Income and Expenditure Account for the year ended 30 June 2018 must be submitted.**

	Self	Spouse/Civil partner
Nature of Business	<input type="text"/>	<input type="text"/>
Business name	<input type="text"/>	<input type="text"/>
Net Profit (or loss)	£ <input type="text"/>	£ <input type="text"/>

**4 - Property Letting**

If you and/or your spouse receive rental income from property situated in Gibraltar, please enter the address of the property together with what percentage share you own.

**An Income & Expenditure account for the year ended 30 June 2018 must be submitted.**

Address(es) of Property	Rents received by?		% share of property
<input type="text"/>	Self	<input type="text"/>	<input type="text"/> %
<input type="text"/>	Spouse	<input type="text"/>	<input type="text"/> %
<input type="text"/>	Self & Spouse	<input type="text"/>	
	Self	Spouse/Civil partner	
Net Rents received	£ <input type="text"/>	£ <input type="text"/>	

**5 - Pensions and Annuities**

If you are in receipt of a pension please enter full details of pension/annuity received including by whom paid. If the pension is received from abroad please attach a copy of the yearly pension statement.

	Self	Spouse/Civil partner
Occupational Pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
Annuity	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
Other	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>

**6 - Dividends & Trust Income**

If you are in receipt of dividends or income from a trust, enter the name of the trust, company or other, from which you are receiving this income and the net amount received.  
If this income is received from abroad please attach a copy of the dividend/trust income schedule.

	Self	Spouse/Civil partner
Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Net amount received	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>

**7 - Expenses in Employment**

Enter details of any expenditure incurred by you and/or your spouse in performing the duties of your employment.

Nature of expenses claimed	£	Claimed By
<input style="width: 95%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 95%;" type="text"/>

**8 - Other Income (Includes income received from outside Gibraltar)**

Enter any other income received by you and/or your spouse that has not been entered elsewhere in this form. If you are non-resident, receive income from Gibraltar and wish to claim for allowances you must declare your income from all sources, including income which is not subject to tax chargeable in Gibraltar.

	Self	Spouse/Civil partner
Source	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Gross	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
Tax Deducted	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>

**9 - Gift Aid / Payroll Giving**

Enter details of any gift aid / payroll giving payments made during the year. This only applies to payments made to registered charities under the Gift Aid / Payroll Giving Scheme.

	Self	Spouse/Civil partner
Gift Aid Charity	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Amount Donated	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
Payroll Giving Charity	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Amount Donated	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>

**SECTION 2**

**ELECTION FOR ALLOWANCES BASED SYSTEM ("ABS") OR GROSS INCOME BASED SYSTEM ("GIBS") - TAX YEAR 2018/19**

You may opt to pay tax either under the ABS or the GIBS. Please tick the relevant box.  
In order to fully understand the conditions of your election, please ensure that you read the terms and conditions for the GIBS. These are available on the Gibraltar Government website at [www.gibraltar.gov.gi/paye](http://www.gibraltar.gov.gi/paye)

Self	Spouse/Civil partner
(A.B.S.) <input style="width: 30px; height: 20px;" type="checkbox"/> Allowance Based System	(A.B.S.) <input style="width: 30px; height: 20px;" type="checkbox"/> Allowance Based System
(GIBS) <input style="width: 30px; height: 20px;" type="checkbox"/> Gross Income Based System	(GIBS) <input style="width: 30px; height: 20px;" type="checkbox"/> Gross Income Based System

**SECTION 3**

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

Please tick the boxes applicable to you

Married    
  Single    
  Civil partner    
  Divorced    
  Separated    
  Widowed

**10 - Spouse/Civil partner**

Enter your spouse's/civil partner details if living with you or wholly maintained by you.

Name	Maiden Name	Date of Marriage

Claimed by (Please tick relevant box)

Self		Spouse/Civil partner	
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**11 - Child(ren)**

Enter the details for any child you wish to claim. If over the age of 16 please provide proof of the College or University he/she is attending. If attending an independent nursery, please submit a "Claim for Nursery Allowance" form.

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

Claimed by (Please tick relevant box)

Self		Spouse/Civil partner	
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**12 - Alimony and Maintenance**

Give details of any payments you make under a court order, settlement, etc., to your ex-spouse/civil partner and/or your children if you are separated or divorced per annum.

Ex-spouse/civil partner	First Name	Surname	Date of Birth	Amount Paid

Children	First Name	Surname	Date of Birth	Amount Paid

**13 - Disabled Individual Allowance**

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

Full name	Date of Birth

Claimed by (Please tick relevant box)

Self		Spouse/Civil partner	
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**14 - Dependant Relatives**

Subject to certain conditions you may claim relief if you support or help support your widowed mother, your spouse'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	Annual Income of relative	Particulars of other persons who also support relative

Claimed by (Please tick relevant box)

Self		Spouse/Civil partner	
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**15 - Low Income Earners Allowance**

To be completed only if estimated assessable income for the tax year 1st July 2018 to 30th June 2019 is £19,500 or less

	Self	Spouse/Civil partner
Employment Income (Gross)	£	£
Any other profits or income	£	£
<b>Total estimated assessable income</b>	£	£

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 2018/19 is processed.

**16 - Special Deduction for Senior Citizens**

Men aged 65 or over and Women aged 60 or over (enter dates of birth below)

Self	dd	mm	yyyy	Spouse/Civil partner	dd	mm	yyyy

**17 - Tax Credit for persons 60 yrs 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 credit.

Please answer Yes or No to the following questions

	Self		Spouse/Civil partner	
	Yes	No	Yes	No
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?				
Have you or 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?				

**18 - 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 2018 must be submitted.**

Address of Property Mortgaged: \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Purchase Price: £ \_\_\_\_\_ . 0 0

Amount of Loan Advanced: £ \_\_\_\_\_

Interest Paid in year: £ \_\_\_\_\_

Capital Paid in year: £ \_\_\_\_\_

Claimed by (Please tick relevant box)

Self	Spouse/Civil partner	Joint
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19- 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.**

Contributor	Name of Insurance Provider	Date of Policy	Member/Policy No.	Monthly Premium	Annual Premium
Self					
Spouse/Civil partner					

**20 - Social Insurance**

Indicate the type of contribution payable for the year by ticking the appropriate box. Details of self-employed or voluntary contributions should be recorded in the social insurance contributions schedule. If you have not yet received this form, please contact the Income Tax Contributions section on Tel. No. 200 52737

Contributor	Employee	Self-employed	Voluntary	Married Woman
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/Civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**21 - Life Insurance**

You may claim for premiums paid by you or your spouse / civil partner to insure your own or your spouse's life. The allowable premium must not exceed 7% of the capital sum assured at death nor must the total allowable premiums exceed one seventh of your total income. Please enter self, spouse / civil partner or joint under "Policy Holder" and "On whose Life"

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

**22 - Retirement Annuity Contract and Personal Pension Scheme**

Name of Retirement Annuity Contract or Personal Pension Scheme	Policy No.	Date of Policy	Date of Final Premium	Total Premium Payable	Premium Payable by Taxpayer	Premium Payable by Employer (if applicable)	Frequency of Payment	Single Premium Date Paid	Single Premium Amount
Self									
Spouse/ Civil partner									

**23 - Occupational Pension Scheme**

Name of Occupational Pension Scheme	Policy No.	Date of Policy	Premium Payable	Frequency of Payment
Self				
Spouse/ Civil partner				

**IMPORTANT**

Evidence of the June 2018 payment of the Life Insurances, Retirement Annuity Contracts and/or Pension Schemes must be submitted. You must also submit documentary evidence of any variations that may have taken place during the tax year ended 30 June 2018.

**FAILURE TO COMPLY WITH THE ABOVE MAY RESULT IN THE CORRECT ALLOWANCE/RELIEF NOT BEING GIVEN.**