



(Mr Mrs Miss Ms)

1. Surname (in capitals)

2. Forename(s) (in capitals)

3. PAYE Ref. 4. Date of Birth 5. Taxpayer Ref.

6. Identity Card Number
 Day Month Year

7. Date of Leaving (in figures)

8. Tax Code number at date of leaving (if code 'X' mark 'X'). If Tax Code 52 copy code instructions, if any **Deduct the first**
 £ of monthly or £ weekly
pay and tax balance at code 52

9. Social Insurance contributions class at date of leaving work (please circle) ER MW PN

10. Total Employee's Social Insurance Contribution paid to date in current tax year (see note 5)
 £ p
 Number of contributions

Period	Contribution Class
(from to)	ER MW PN
(from to)	ER MW PN

11. Total pay to date in current tax year (from to) £ p

12. Total tax to date in current tax year (from to) £ p

13. Total Occupational Pension/Personal Pension Scheme contributions paid by employee (from to) £ p

14. Total Amount of benefit in kind paid to employee £ p

15. I certify that all the details entered above are correct. (BLOCK LETTERS)

Employer
 Address
 Date

INSTRUCTIONS TO EMPLOYER

Complete this form in full for every employee leaving your employment. Detach Part 1 and send it to the Tax Office IMMEDIATELY. Hand Parts 2 and 3 (unseparated) to your employee when he or she leaves. Please circle class of Social Insurance being paid by employee at date of leaving. Lump sums paid to individuals on termination of employment that are not taxable and must not be included in the P7A. If employee has been in receipt of any benefits from you, please provide details.



		(Mr Mrs Miss Ms)	
1. Surname (in capitals)			
2. Forename(s) (in capitals)			
3. PAYE Ref.		4. Date of Birth	5. Taxpayer Ref.
6. Identity Card Number			
	Day	Month	Year
7. Date of Leaving (in figures)			
8. Tax Code number at date of leaving (if code 'X' mark 'X'). If Tax Code 52 copy code instructions, if any		Deduct the first	
	£	of monthly or £	weekly
	pay and tax balance at code 52		
9. Social Insurance contributions class at date of leaving work (please circle)	ER	MW	PN
10. Total Employee's Social Insurance Contribution paid to date in current tax year (see note 5)			
	£	p	
Number of contributions			
	Period	Contribution Class	
(from	to)	ER MW PN
(from	to)	ER MW PN
11. Total pay to date in current tax year	£	p	
(from	to)	
12. Total tax to date in current tax year	£	p	
(from	to)	
13. Total Occupational Pension/Personal Pension Scheme contributions paid by employee	£	p	
(from	to)	
14. Total Amount of benefit in kind paid to employee	£	p	
Employer			
Address			
Date			
		15. I certify that all the details entered above are correct. (BLOCK LETTERS)	

GOING TO A NEW JOB

Separate both forms and keep Part 2 for your records. Hand Part 3 to your new employer, otherwise he will have to tax you under the emergency code 'X' (20%)

BECOMING SELF - EMPLOYED

Contact the Income Tax Office IMMEDIATELY (Tel: 20074874 / email: selfemployed@gibraltar.gov.gi)



(Mr Mrs Miss Ms)

1. Surname (in capitals)

2. Forename(s) (in capitals)

3. PAYE Ref. 4. Date of Birth 5. Taxpayer Ref.

6. Identity Card Number

Day Month Year

7. Date of Leaving (in figures)

8. Tax Code number at date of leaving (if code 'X' mark 'X'). If Tax Code 52 copy code instructions, if any

Deduct the first
£ of monthly or £ weekly
pay and tax balance at code 52

9. Social Insurance contributions class at date of leaving work

ER MW PN

TO NEW EMPLOYER - COMPLETE ITEMS 10 TO 12 AND SEND THIS FORM IMMEDIATELY TO THE TAX OFFICE TOGETHER WITH A COPY OF THE EMPLOYEE'S NOTICE OF TERMS OF ENGAGEMENT ISSUED BY THE MINISTRY OF EMPLOYMENT.

YOU MUST APPLY THE CODE NUMBER AND SOCIAL INSURANCE CLASS AS SHOWN IN ITEMS 8 AND 9 ABOVE UNTIL YOU RECEIVE A NEW PAYE ALLOWANCE AND SOCIAL INSURANCE CONTRIBUTION CLASS CERTIFICATE.

10. New PAYE Reference Number

11. Date employment commenced (in figures)

12. **Declaration**
I certify that the details entered at items 10 to 11 above are correct.

Employer

Address

Date