



Assessor of Income Tax

## **Income Tax Division**

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## **CONTRACTOR'S NOTIFICATION FORM - PARTNERSHIPS**

| NAME   |        |  |       |           |  |  |  |  |
|--|--------|--|-------|-----------|--|--|--|--|
| TRADING NAME   |        |  |       |           |  |  |  |  |
| ADDRESS  |        |  |       |           |  |  |  |  |
|  |        |  |       | Post Code |  |  |  |  |
| CORRESPONDENCE ADDRESS (if different from above)   |        |  |       |           |  |  |  |  |
|  |        |  |       | Post Code |  |  |  |  |
| Telephone  | Mobile |  | Email |           |  |  |  |  |
| NATURE OF BUSINESS   |        |  |       |           |  |  |  |  |
| PARTNERS DETAILS   |        |  |       |           |  |  |  |  |
| Please provide the full name and address of all partners. If there is insufficient space please attach a separate sheet to the form. |        |  |       |           |  |  |  |  |
| Partners Details   |        |  |       |           |  |  |  |  |
| Name   |        |  |       |           |  |  |  |  |
| Address  |        |  |       |           |  |  |  |  |
|  |        |  |       | Post Code |  |  |  |  |
| Name   |        |  |       |           |  |  |  |  |
| Address  |        |  |       |           |  |  |  |  |
|  |        |  |       | Post Code |  |  |  |  |
| Name   |        |  |       |           |  |  |  |  |
| Address  |        |  |       |           |  |  |  |  |
|  |        |  |       | Post Code |  |  |  |  |
| HAVE YOU ENGAGED SUBCONTRACTORS? (see note 1 overleaf)   |        |  |       |           |  |  |  |  |
| If <b>YES</b> , please confirm date of engagement  |        |  |       |           |  |  |  |  |
| A Form C20 (Subcontractors Commencing) should be enclosed with this application for each subcontractor engaged.                      |        |  |       |           |  |  |  |  |
| Number of C20 Forms enclosed   |        |  |       |           |  |  |  |  |
| If <i>NO</i> , please confirm the likely date of engagement  |        |  |       |           |  |  |  |  |

| IF YOU H<br>THE FOLI       |  | agent to de   | AL WITH YOUR COM  | ITRACTOR   | TAX AFFAIRS, PLEASE CONFIRM   |
|----------------------------|--|---|---|--|---|
| AGENT N                    | AME  |   |   |  |   |
| AGENT ADDRESS Post Code    |  |   |   |  |   |
| Telephon                   | e  | Mobile  |   | Email  |   |
| Pers<br>The<br>reco<br>the | Treasury for the ords. This information privacy notice be only that the inference of the order o | e purposes o<br>ition may also<br>low   | of maintaining you<br>to be shared with   | ur Income<br>third parti   | in the Income Tax Division of<br>e Tax and National Insurance<br>es such as those stated within<br>wledge and belief, true and  |
|                            | Signed   |   |   |  | Date  |
| 2.                         | contractor withi<br>within the speci<br>A contractor is a<br>each subcontrad<br>and accurately<br>may result in a  | obliged to no<br>n 14 days of<br>fied time man<br>obliged to su<br>ctor engaged<br>completed. I<br>penalty of £ | f making their firms result in a per<br>submit a C20 (Subdiversity of the C20 (Subdiversity of the C20 (Submit a C20) being charg | Tax Divises the payment of their early of their early of their early of their early of their ed. | sion of the intention to become a ent to a subcontractor. Failure to notify 250 being charged.  or Commencing) form in respect of engagement. This form should be fully eted form within the specified time |
| <b>Privacy</b> our offi    | submission, ma<br>guide (GN21), v<br>y <b>Notice:</b> To force or visit our  | king of payr<br>vhich can be<br>ind out mor<br>website at:  | nents and gener<br>e found at www.<br>e about how we<br>www.gov.im/tre  | al compliagov.im/in e collect easurypri  | ance can be found in the contractor's   |
| For Office                 | cial Use Only  |   |   |  |   |
| ☐ Client                   | Pick Up and C20 L  | inked   |   |  |   |
| Package :                  | Issued:  | etter 🗌 Re  | emittance Card  | ☐ C11s   | s & Serial Numbers  |
| ☐ File C                   | reated   |   |   |  |   |