

## **INCOME TAX INSTALMENT PAYMENTS T20**

## **Employee Commencing**

(Employee Commencing with no Form T.21)

EMPLOYEES TAX REF. NO.	NATIONAL INSURANCE NO.
H	
SURNAME MR MRS MISS MS	FORENAMES
ADDRESS  POSTCODE	
MARITAL STATUS	DATE OF BIRTH / /
FORENAMES OF SPOUSE	PREVIOUS NAMES (if changed since 6 <sup>th</sup> April)
DATE OF / / COMMENCEMENT / /	WORKS or PAYROLL NO.
*BASIC WEEKLY/MONTHLY PAY £  Please ask the employee for the reason why no form T21 was produced and tick the appropriate box	
A Secondary Employment D	Directors
B Student (resident or non- resident)	School Leaver
C New Resident F	All other Cases (please specify)
<ul> <li>Use the relevant Emergency Code shown in Part F of the Employer's Guide until you receive a notice of coding (Form T6)</li> <li>Ensure all relevant boxes are completed before submitting this form.</li> <li>DECLARATION</li> <li>I certify that the particulars shown are, to the best of my knowledge and belief, true and correct in every detail and that I am operating the relevant code shown in the Employer's Guide.</li> </ul>	
SIGNED (Employer)	DATE
	1 1
EMPLOYER'S NAME	EMPLOYER'S REF. NO.

**Privacy Notice:** To find out more about how we collect and use personal information, contact our office or visit our website **www.gov.im/treasuryprivacynotice**. We will send you a paper copy if you telephone us or write to us using the contact details provided on this form.