



Isle of Man
Government

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The Treasury *Yn Tashtey*

Assessor of Income Tax

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R133 - COMMENCEMENT OF SELF-EMPLOYMENT

This form should be completed and returned to the Income Tax Division if you have decided to start your own business and you are not setting it up as a registered company. This information is needed to ensure that your assessments to Income Tax, Class 2 and Class 4 National Insurance are raised correctly.

Personal Details			
Full Name			
Address			
Telephone Number		Date of Birth	
NINO		Tax Reference	
Email Address			
		<i>Please delete</i>	
Do you require a Work Permit?		YES / NO	
If yes, has the Work Permit been approved?		YES / NO	
Work Permit Number <i>(if applicable)</i>			
Business Details			
Business Name			
Address			
Telephone Number			
Email Address			
Government Registration Number <i>(if applicable)</i>		Date Business will commence	
Nature of Business/Trade			
		<i>Please tick</i>	
Position(s) held		Owner	<input type="checkbox"/>
		Sub-Contractor	<input type="checkbox"/>
		Partner	<input type="checkbox"/>
Is this a Full-Time or Part-Time position?		Full-Time	Part-Time <input type="checkbox"/>
Name of Business Partner <i>(if applicable)</i>			
Estimated Annual Profit		£	
		<i>Please delete</i>	
Do you employ others <i>(including members of your own family and casual workers)</i>		YES / NO	
Have you taken over an existing business?		YES / NO	
If yes, who was the previous owner?			

Business Details continued			
			<i>Please delete</i>
Are you, or will you be, working in the construction industry?			YES / NO
How many customers do you have approximately?			
Do you have a contract with any of your customers?			YES / NO
Are you, or will you be, doing all or most of your work for one person or business?			YES / NO
If yes, please provide details	Name		
	Address		
Do you provide your own tools and equipment? <i>(if applicable)</i>			YES / NO / N/A
How do you advertise your own business?			
How do you determine your fees?			
Can you decide how, when or where you carry out your work?			YES / NO
Do you have your own insurance e.g. Public Liability/Professional Indemnity?			YES / NO / N/A
Are you required to rectify any mistakes in your own time?			YES / NO
Please provide details of any qualifications relevant to your trade or profession			
Employment History			
<i>Have you been: -</i>	<i>Please delete</i>	<i>Name of Business or Benefit (if applicable)</i>	<i>End Date (if applicable)</i>
Self-employed	Currently/ Previously/ No		
Employed	Currently/ Previously/ No		
Full time student	Currently/ Previously/ No		
Claiming benefits	Currently/ Previously/ No		
Other <i>(please state)</i>			
Declaration			
This is my notification of self-employment. I confirm that I have given correct and accurate details of my business on this notification and that I have read and understood the Guidance Note, 'GN4 Self-Employment', available at www.gov.im/incometax .			
Signature			Date

You have completed this form because you think that you are self-employed. The Division will deal with your application but this does not mean that the Division accepts that you are self-employed. We may have to make further enquiries to confirm your self-employed status. If you have any other queries please contact the Income Tax Division on 01624 685400 or if you wish to provide any further information with this application please do so on a separate sheet.

Please note that personal details on this form will be shared between the Income Tax , Social Security Divisions and Department for Enterprise the purposes of maintaining your Income Tax, National Insurance, Social Security records and Work Permits.

Privacy Notice: To find out more about how we collect and use personal information, contact our office or visit our website at: 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.