INCOME TAX INSTALMENT PAYMENTS **T. 20**

Employee Commencing

(Employee commencing with no Form T.21)

EMPLOYEES TAX REF. NO.	NATIONAL INSURANCE NO.

SURNAME MR MRS MISS MS	FORENAMES
ADDRESS	

MARITAL STATUS		DATE OF BIRTH	/ /
FORENAMES OF SPOUSE		PREVIOUS NAME (if changed since 6th April)	
DATE OF COMMENCEMENT	/ /	WORKS or PAYROLL NO.	

*DELETE AS APPROPRIATE

*BASIC WEEKLY/MONTHLY PAY£.....

Please ask the employee for the reason why no formT21 was produced and tick the appropriate box ☑

A Secondary Employment	☐	D Directors	☐
B Student (resident or non-resident)	☐	E School Leaver	☐
C New Resident	☐	F All Other Cases (please specify)	☐

.....

- Use the relevant Emergency Code shown in Part F of the Employer's Guide until you receive a notice of coding (Form T6).
- **Ensure all relevant boxes are completed before submitting this form.**

Declaration

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 Part F of the Employer's Guide.

Signed (Employer)_____ Date ___/___/___

EMPLOYER'S NAME	EMPLOYER'S REF. NO.