

T21- PART 1
INCOME TAX INSTALMENT PAYMENTS
Employee's Leaving Certificate

EMPLOYEES TAX REF. NO.	NATIONAL INSURANCE NO.
H	

SURNAME MR MRS MISS MS	FORENAMES
ADDRESS	
POSTCODE	

FORENAMES OF SPOUSE	PREVIOUS NAME (if changed since 6 th April)	
DATE OF CESSATION / /	CODE IN USE AT CESSATION DATE	
	Non-Resident?	YES NO

DECLARATION

I certify that the particulars shown are, to the best of my knowledge and belief, true and correct in every detail.

SIGNED (Employer) _____ Date / / .

EMPLOYER'S NAME	EMPLOYER'S REF.NO.
	-

INSTRUCTIONS TO EMPLOYER

- Complete this form immediately once an employee ceases to be employed by you;

PART 1 – send to the Income Tax Division
PARTS 2 & 3 – hand to the employee on the last pay day.

- Under **NO** circumstances must a duplicate be issued.
- Following the death of an employee, complete the boxes below and send in all three parts to the Income Tax Division

Date of Death	Gross Pay	Superannuation Contributions	Total tax deductions
/ /	£	£	£

Register for Income Tax online services at – www.gov.im/onlineservices

T21- PART 2

INCOME TAX INSTALMENT PAYMENTS

Employee's Leaving Certificate

EMPLOYEES TAX REF. NO.								NATIONAL INSURANCE NO.							
H						-									

SURNAME MR MRS MISS MS	FORENAMES
ADDRESS	
POSTCODE	

FORENAMES OF SPOUSE DATE OF CESSATION <div style="text-align: center;">/ /</div>	PREVIOUS NAME (if changed since 6 th April) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CODE IN USE AT CESSATION DATE</td> <td></td> </tr> <tr> <td>Non-Resident?</td> <td style="text-align: center;">YES NO</td> </tr> </table>	CODE IN USE AT CESSATION DATE		Non-Resident?	YES NO
CODE IN USE AT CESSATION DATE					
Non-Resident?	YES NO				

INSTRUCTIONS TO EMPLOYEE

1. **KEEP THESE FORMS AND HAND THEM TO YOUR NEW EMPLOYER**
2. If you do not intend to take further employment e.g. retirement, commencing self-employment, family reasons etc., send both parts to the Income Tax Division with a letter of explanation.
3. This is an important document **KEEP IT SAFE.**

INSTRUCTIONS TO EMPLOYER

1. Complete PART 3 immediately the employee commences and send it to the Income Tax Division.
2. Retain PART 2 as your authority to operate the code shown above the calculator the income tax payable on the new employees remuneration.
3. This form must be retained for three years.
4. If the answer is yes, please ensure taxable pay is calculated at the **HIGHER RATE.**

T21- PART 3

INCOME TAX INSTALMENT PAYMENTS

Employee's Leaving Certificate

EMPLOYEES TAX REF. NO.										NATIONAL INSURANCE NO.									
H																			

SURNAME MR MRS MISS MS	FORENAMES
ADDRESS	
POSTCODE	

FORENAMES OF SPOUSE	PREVIOUS NAME (if changed since 6 th April)	
DATE OF CESSATION / /	CODE IN USE AT CESSATION DATE	
	Non-Resident?	YES NO

NEW EMPLOYER – EMPLOYEE COMMENCING

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">MAIN/ONLY EMPLOYMENT</td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">SUBSIDIARY EMPLOYMENT</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	MAIN/ONLY EMPLOYMENT	<input type="checkbox"/>	SUBSIDIARY EMPLOYMENT	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">WORKS NO. or PAYROLL NO.</td> <td style="width: 100px;"></td> </tr> </table>	WORKS NO. or PAYROLL NO.	
MAIN/ONLY EMPLOYMENT	<input type="checkbox"/>						
SUBSIDIARY EMPLOYMENT	<input type="checkbox"/>						
WORKS NO. or PAYROLL NO.							

Please ✓ the appropriate box

DATE OF COMMENCEMENT / /

BASIC* WEEKLY/MONTHLY PAY £

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 the Employer's Guide.

SIGNED (Employer) _____ Date / / .

EMPLOYER'S NAME	EMPLOYER'S REF.NO.
	-