



For Office Use Only

W/F: _____

 F.O: _____

Ceased Employing

| | | |
|----|---|--|
| 1. | Employer Name: | Reference: |
| 2. | Date ceased employing: | |
| 3. | Last ETI return to be submitted: | |
| 4. | Have you ceased employing permanently? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If no, when do you expect to recommence employing? | |
| 5. | Please provide an address for any queries about previously submitted returns: | |
| | _____ | |
| | _____ | |
| | Post Code: | |
| 6. | Please provide an email address for any queries about previously submitted returns: | |

I can confirm that the above information is accurate to the best of my knowledge and that I understand that I need to contact the Revenue Service should I commence employing again.

Signature: _____ **Date:** _____

Position within Company (if appropriate): _____

Fair Processing Notice: The information you have provided on this form is required under the Income Tax (Guernsey) Law, 1975 for the purposes of the assessment and collection of income tax. This information will be processed in line with the Data Protection (Bailiwick of Guernsey) Law, 2017. For full details of our Fair Processing Notice and how we look after your data please visit: <https://www.gov.gg/revenueservice>. If you don't have access to the internet please contact us and a paper copy will be provided.

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| | | |
|-------------------------------|------------------------------|-----------------------------|
| Deleted on ITAX | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Made inactive on mailing list | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Initials: _____ **Date:** _____

Form 370b (10/18)