

**SECOND SUPPLEMENT TO THE GIBRALTAR
GAZETTE**

No. 4265 of 19 May, 2016

LEGAL NOTICE NO. 110 OF 2016.

INCOME TAX ACT 2010

INCOME TAX (RETURNS) (AMENDMENT) NOTICE 2016

In exercise of the powers conferred on him by section 30 of the Income Tax Act 2010, and all other enabling powers, the Minister has made the following Notice–

Title and commencement.

1. This Notice may be cited as the Income Tax (Returns) (Amendment) Notice 2016 and comes into operation on 1 July 2016.

Amendment to Income Tax (Returns) Notice 2011.

2.(1) The Income Tax (Returns) Notice 2011 is amended in accordance with the provisions of this Notice.

(2) For form “IT1P” which appears under paragraph 2 substitute the following form–

“



Income Tax Office
HM Government of Gibraltar

Form IT1P

TAX RETURN 2016/2017

You are required by law to make a return of your assessable income. This form must be duly completed, signed, bundled together with any relevant documents specifically requested in this form and submitted to the Income Tax Office at St. Jago's Stone Block, 331 Main Street, Gibraltar.

DEADLINE

This Tax Return must be received no later than the 30th November 2016

You will be charged a £50 penalty if your tax return is received late with further penalties accruing if the failure continues after this date.

DECLARATION

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE PARTICULARS GIVEN ON THIS FORM ARE CORRECT AND COMPLETE

SELF

Full Name:	I/C No.			
Address:	Tel No:			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">dd</td> <td style="width: 20px;">mm</td> <td style="width: 20px;">yyyy</td> </tr> </table>		dd	mm	yyyy
dd	mm	yyyy		
Email:	Date of birth			
Signature:	Date:			

SPOUSE/CIVIL PARTNER

(TO BE COMPLETED IF IN RECEIPT OF INCOME)

Full Name:	I/C No.			
Email:	Date of birth			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">dd</td> <td style="width: 20px;">mm</td> <td style="width: 20px;">yyyy</td> </tr> </table>		dd	mm	yyyy
dd	mm	yyyy		
Signature:	Date:			

If you make the return as Executor, Trustee, Receiver etc., state in what capacity and for whom made.

Name of person you have signed for:	Capacity:

IF THERE ARE ANY CHANGES DURING THE TAX YEAR ENDED 30 JUNE 2017 THAT AFFECTS YOUR ENTITLEMENT TO THE DEDUCTIONS AND ALLOWANCES CLAIMED HEREIN, YOU ARE ADVISED TO CONTACT THIS OFFICE IMMEDIATELY.

Telephone: (00350) 200 74924
Email: paye@gibraltar.gov.gi

Commissioner of Income Tax
1st July 2016

SECTION 1
INCOME EARNED FOR THE YEAR ENDED 30 JUNE 2016
 This Section is to be completed by all individuals

1 - Employment

Enter your, and/or your spouse's/civil partner's employer's name and the total **gross** amount earned. Fees, bonuses, commissions, tips etc. should also be included.

	Self	Spouse/Civil partner
Employer's Name	<input type="text"/>	<input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Director's Fees	<input type="text"/>	<input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Other	<input type="text"/>	<input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>

2 - Benefits from Employment

Include amounts paid by your, and/or your spouse's/civil partner's employer in respect of private and personal expenses.

	Self		Spouse/Civil partner	
	Amount	Tax paid by Employer	Amount	Tax paid by Employer
Life Insurances and/or Retirement Annuity Contracts	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Private medical insurance	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Accommodation	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Cars, vans and related benefits	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

3 - Trade, Business, Profession or Vocation

This section must be completed by everyone who is in receipt of income from a trade, business, profession or vocation (including part-timers). Enter the nature of your trade, profession etc. and the business name and address. Enter your net profit/loss for the year ended 30th June 2016.

An Income and Expenditure Account for the year ended 30 June 2016 must be submitted.

	Self	Spouse/Civil partner
Nature of Business	<input type="text"/>	<input type="text"/>
Business name	<input type="text"/>	<input type="text"/>
Net Profit (or loss)	£ <input type="text"/>	£ <input type="text"/>

4 - Property Letting

If you and/or your spouse/civil partner receive rental income from property situated in Gibraltar, please enter the address of the property together with what percentage share you own.

An Income and Expenditure Account for the year ended 30 June 2016 must be submitted.

Address(es) of Property	Rents received by?		% share of property	
<input type="text"/>	Self	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	Spouse/Civil partner	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	Self & Spouse/Civil partner	<input type="text"/>	<input type="text"/>	
Net Rents received	£ <input type="text"/>	£ <input type="text"/>		

5 - Pensions and Annuities

If you are in receipt of a pension from Gibraltar or from abroad please enter full details of pension/annuity received including by whom paid. If the pension is received from abroad please attach a copy of the yearly pension statement.

	Self	Spouse/Civil partner
Occupational Pension		
	£	£
Annuity		
	£	£
Other		
	£	£

6 - Dividends & Trust Income

If you are in receipt of dividends or income from a trust, enter the name of the trust, company or other, from which you are receiving this income and the net amount received. If this income is received from abroad please attach a copy of the dividend/trust income schedule.

	Self	Spouse/Civil partner
Name		
Net Amount Received	£	£

7 - Expenses in Employment

Enter details of any expenditure incurred by you and/or your spouse/civil partner in performing the duties of your employment.

Nature of expenses claimed	£	Claimed by

8 - Other Income (Includes income received from outside Gibraltar)

Enter any other income received by you and/or your spouse/civil partner that has not been entered elsewhere in this form. If you are non-resident, receive income from Gibraltar and wish to claim for allowances you must declare your income from all sources, including income which is not subject to tax chargeable in Gibraltar.

	Self	Spouse/Civil partner
Source		
Gross	£	£
Tax Deducted	£	£

9 - Gift Aid/Payroll Giving

Enter details of any gift aid payments made during the year. This only applies to payments made to registered charities under the Gift Aid Scheme.

	Self	Spouse/Civil partner
Gift Aid Charity		
Amount Donated	£	£
Payroll Giving Charity		
Amount Donated	£	£

SECTION 2

ELECTION FOR ALLOWANCES BASED SYSTEM ("ABS") OR GROSS INCOME BASED SYSTEM ("GIBS")

You may opt to pay tax either under the ABS or the GIBS. Please tick the relevant box.

In order to fully understand the conditions of your election, please ensure that you read the terms and conditions for the GIBS. These are available on the Gibraltar Government website at www.gibraltar.gov.gi/incometax

Self		Spouse/Civil partner	
(ABS) Allowance Based System	(GIBS) Gross Income Based System	(ABS) Allowance Based System	(GIBS) Gross Income Based System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3

CLAIM FOR ALLOWANCES FOR THE YEAR 1 JULY 2016 TO 30 JUNE 2017

Please tick the boxes applicable to you

Married
 Single
 Civil partner
 Divorced
 Separated
 Widowed

10 - Spouse/Civil partner

Enter your spouse's/civil partner's details if living with you or wholly maintained by you. If you are separated or divorced, please give details under Section 12

Name	Maiden Name	Date of Marriage
Claimed by (Please tick relevant box)	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Civil partner	

11 - Child(ren)

Enter the details required for any child you wish to claim. If over the age of 16 please provide proof of the College or University he/she is attending. If attending an independent nursery, please submit a "Claim for Nursery Allowance" form.

First Name	Surname	Date of Birth	Name of School, College, University or Independent Nursery	Income in own right

Claimed by (Please tick relevant box)
 Self
 Spouse/Civil partner

12 - Alimony and Maintenance

Give details of any payments you make under a court order, settlement, etc., to your spouse/civil partner and/or your children if you are separated or divorced per annum.

Payment to spouse/civil partner

Name: Amount Paid: £

Payment to children

Name of Child	Date of Birth	Amount Paid
		£ <input type="text"/>
		£ <input type="text"/>

13 - Disabled Individual Allowance

If you maintain a child who is registered at the Department of Social Security as a disabled individual, and receive financial assistance from the Social Assistance Fund, you may claim for this allowance.

Full Name	Date of Birth
Claimed by (Please tick relevant box)	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Civil partner

14 - Dependant Relatives

Subject to certain conditions you may claim relief if you support or help support your widowed mother, your spouse's/civil partner's widowed mother or any other relative who is incapacitated by old age or infirmity. You can claim up to a maximum of two dependants.

Full Name	Date of Birth	Relationship to you or to your spouse/civil partner	Annual Income of relative	Particulars of other persons who also support relative

Claimed by (Please tick relevant box)
 Self
 Spouse/Civil partner

15 - Low Income Earners Allowance

To be completed only if estimated assessable income for the tax year 1 July 2015 to 30 June 2016 is £19,500 or less

	Self	Spouse/Civil partner
Employment Income (Gross)	£	£
Any other profits or income	£	£
Total estimated assessable income	£	£

Please note that if you underestimate your assessable income there could be an under deduction of tax which will come to light when your assessment for the year 2016/17 is processed.

16 - Special Deduction for Senior Citizens

Men aged 65 or over and Women aged 60 or over (enter dates of birth below)

Self	dd	mm	yyyy	Spouse/Civil partner	dd	mm	yyyy

17 - Tax Credit for persons 60 yrs or over

You may apply for a tax credit if you are in receipt of earned income and are 60 years or over.

If you are in receipt of income exceeding £6,000 per annum in respect of an occupational pension/annuity you are not entitled to this credit.

Please answer Yes or No to the following questions:

	Self		Spouse/Civil partner	
	Yes	No	Yes	No
Are you currently in receipt of an occupational pension/annuity in excess of £2,000 per annum?				
Will you be receiving an occupational pension/annuity in the future?				
Have you or any employer, past or present, ever contributed towards any pension scheme or retirement annuity contract on your behalf?				
Have you ever received or will receive a lump sum in lieu of a pension/annuity?				

18 - Mortgage or Loan

If you and/or your spouse/civil partner pay mortgage or loan interest in respect of a property that you occupy for residential purposes you may claim an allowance in respect of the interest paid. **A certificate of mortgage/loan interest for the year ended 30 June 2016 must be submitted.**

Address of Property Mortgaged: _____

Name of Lender: _____

Date of Purchase: _____

Purchase Price: £ _____

Amount of Loan Advanced: £ _____

Interest Paid in year: £ _____

Capital Paid in year: £ _____

Claimed by (Please tick relevant box)

<input type="checkbox"/> Self	<input type="checkbox"/> Spouse/Civil partner	<input type="checkbox"/> Joint
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19 - Health Insurance

If you pay towards an approved insurance policy, scheme, society or fund for the purposes of providing health insurance, you may claim this allowance. Any changes must be supported by documentary evidence.

Contributor	Name of Insurance Provider	Date of Policy	Member/Policy No.	Monthly Premium	Annual Premium
Self					
Spouse/Civil partner					

20 - Social Insurance

Indicate the type of contribution payable for the year by ticking the appropriate box. Details of self-employed or voluntary contributions should be recorded in the social insurance contributions schedule. If you have not yet received this form, please contact the Income Tax Contributions section on Tel. No 200 52737

	Contributor	Employee	Self-employed	Voluntary	Married Woman
Please tick as appropriate	Self				
	Spouse/Civil partner				

21. Life Insurance										
You may claim for premiums paid by you or your spouse/civil partner to insure your own or your spouse's life. The allowable premium must not exceed 7% of the capital sum assured at death nor must the total allowable premiums exceed one seventh of your total income. Please enter self, spouse/civil partner or joint under "Policy Holder" and "On whose Life".										
Name of Life Insurance Company	Policy No.	Policy Holder	On Whose Life	Date of Policy	Date of Final Premium	Capital Sum Payable at death	Premium Payable	Frequency of Payment	Allowance claimed by self, spouse/civil partner or joint	OFFICE USE ONLY
22. Retirement Annuity Contract and Personal Pension Scheme										
Name of Retirement Annuity Contract or Personal Pension Scheme	Policy No.	Date of Policy	Date of Final Premium	Total Premium Payable	Premium Payable by Taxpayer	Premium Payable by Employer (if applicable)	Frequency of Payment	Single Premium		
Self								Date Paid	Amount	
Spouse/Civil partner										
23. Occupational Pension Scheme										
Name of Occupational Pension Scheme	Policy No.	Date of Policy	Premium Payable	Frequency of Payment						
Self										
Spouse/Civil partner										

IMPORTANT

Evidence of the June 2016 payment of the Life Insurance, Retirement Annuity Contracts and/or Pension Schemes must be submitted. You must also submit documentary evidence of any variations that may have taken place during the tax year ended 30 June 2016.

FAILURE TO COMPLY WITH THE ABOVE MAY RESULT IN THE CORRECT ALLOWANCE/RELIEF NOT BEING GIVEN.

Dated 19th May, 2016.

F R PICARDO,
Chief Minister,
Minister with responsibility for economy and finance.

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