

Section one To be completed by the employee

Please complete section one and then hand back the form to your present employer. If you later receive a form P45 from your previous employer, please hand it to your present employer.

| Vour details Please use capitals Name Title - enter MR: MRS, MISS, MS or other title Sumame or family name First or given name(s) First or given name(s) First or given name(s) Bala error Male Fernale Surpresent circumstances Male For present circumstances Alves are dall the following statements carefully and tick the one or taxable incapacity Benefit. I do not receive a state or occupational pension. Or B - this is now my only job, but since last 6 April and thave had another job or receive a state or occupational pension. Or Cor Cord C - thow another job or receive a state or occupational pension. C - thow another job or receive a state or occupational pension. | | |
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| This is very important in getting your tax and benefits right. Name Title - enter MR, MRS, MISS, MS or other title Sumame or family name Sumame or family name First or given name(s) First or given name(s) First or given name(s) Rest of address including house name or flat name Male Female Your present circumstances Male Female Student Loans Male or tenta applies to you. A - This is may first job since last 6 April nat have not been receiving taxable lobseekers Allowance or | Your details Please use capitals | |
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| Sumame or family name Sumame or family name Buse or flat number First or given name(s) First or given name(s) First or given name(s) Buse or female Male Female Summe or family name Pour present circumstances I have not hat applies to you. I have not been receiving taxable Jobseekers Allowance or taxable Incapacity Benefit: I have not been receiving taxable Jobseekers Allowance or taxable Incapacity Benefit: I have had another job, or have received taxable Jobseekers Allowance or taxable Incapacity Benefit: I have had another job, or have received taxable Jobseekers Allowance or taxable Incapacity Benefit: I have had another job, or have received taxable Jobseekers Allowance or taxable Incapacity Benefit: I have had another job or receive a state or occupational pension. I have had another job or receive a state or occupational pension. I have had another job or receive a state or occupational pension. | | Postcode |
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Section two To be completed by the employer

Guidance on how to complete this form, including what to do if your employee has not entered their National Insurance number on page 1, is in your Employer Helpbook E13 Day to day payroll and at www.hmrc.gov.uk/employers/working_out.htm#part4

| Employee's details Please use capitals | |
|---|---|
| Date employment started D M Y Y Y Job title | Works/payroll number and Department or branch (if any) |
| Employer's PAYE reference Employer's name | Address Postcode Image: Image |
| Tax code used If you do not know the tax code to use or the current tax threshowww.hmrc.gov.uk/employers/rates_and_limits.htm Box A ticked Emergency code on a cumulative basis Box B ticked Emergency code on a non-cumulative Week 1/Month 1 basis Box C ticked C Tax code used | old, please go to |

Please send this form to your HM Revenue & Customs office on the first **pay** day. However, if the employee has ticked box A or box B and their earnings are below the tax threshold, do not send the form until their earnings exceed the tax threshold.