



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 PAYE.....

Please ask the employee for the reason why no form T21 was produced and tick the appropriate box

- | | |
|---|---|
| <input type="checkbox"/> A Secondary Employment | <input type="checkbox"/> D Directors |
| <input type="checkbox"/> B Student (resident or non-resident) | <input type="checkbox"/> E School Leaver |
| <input type="checkbox"/> C New Resident | <input type="checkbox"/> 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.									