



irishtaxback.ie

TAX REFUNDS MADE EASY

NOTE: INFORMATION PURPOSE ONLY – NOT A REVENUE FORM

Personal Details

Name		PPS Number	
Address			
Date of Birth		Nationality	
Telephone Number		E-mail Address	
Occupation			
Please forward a copy of your photo ID (such as Passport or Driving Licence)			

Marital Status

Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
Date of Change in Marital Status		Spouse Name			
Spouse Date of Birth		Spouse PPS Number			
Spouse Occupation		Spouse Nationality			

Children's Details – if applicable

Number of Dependent Children					
Child's Name		Date of Birth		PPS Number	
Child's Name		Date of Birth		PPS Number	
Child's Name		Date of Birth		PPS Number	

General Information about Income

Tick the box for each type of income you or your spouse earn:					
Employee (P60) Income <input type="checkbox"/>	Self-employed Income <input type="checkbox"/>	Rental Income <input type="checkbox"/>			
Pension Income <input type="checkbox"/>	Social Welfare <input type="checkbox"/>	Any other Income <input type="checkbox"/>			

Employment (P60) Details

Please forward P60 - tick the years available	2016 <input type="checkbox"/>	2017 <input type="checkbox"/>	2018 <input type="checkbox"/>	2019 <input type="checkbox"/>
What was your main pay frequency	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other <input type="checkbox"/>

Medical Insurance

Did your employer pay any part of your medical insurance?							
Amount Paid	2016		2017		2018		2019



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Pension Contributions – if Applicable

Tick the years in which you had made a pension contribution and have NOT claimed tax relief.

Please provide pension statements for the relevant year(s) 2016 2017 2018 2019

Rent you have Paid – if Applicable

Tick the box if you have been renting prior to 6 December 2010.

Rental Address		
Name of Landlord or Agent		
Address of Landlord or Agent		
PPS of Landlord or Agent		
Amount of Rent Paid	2016	
Date Tenancy Commenced		

Tuition/ Third Level College Fees – if Applicable

Tick the box if you wish to claim tuition fees – if so, please provide receipt for the relevant year(s).

Medical & Dental Expenses – if Applicable

Do you (or your spouse) hold a medical card? Yes No

Expense Type:	2016	2017	2018	2019
Medical Prescriptions				
Doctor Expenses				
Physio or similar				
Nursing Home Expenses				
Qualifying Dental Expenses				
Hospital Expenses				
Other (Please specify)				
TOTAL				

Confirmation: Please forward original receipts or annual statements issued by Consultant / Nursing Home / Doctor / Pharmacy or qualified practitioners. If you have received reimbursements from VHI, Aviva etc. please supply statements.

Where did you hear about Irishtaxback.ie?

Internet Flyer Network Group Colleague Other



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**Declaration to the Revenue Commissioners of Ireland
(‘Authorisation Form PAYE A1 & A2’)**

1. Authorisation to act as Agent

Client Name		Spouse Name	
Client Date of Birth		Spouse Date of Birth	
Client PPS Number		Spouse PPS Number	

I confirm that Irishtaxback.ie (TAIN 73377L) with an address at, 88 Shanganagh Vale, Cabinteely, Dublin 18, D18 A071, to act as my agent in dealing with all aspects of the filing of my Irish income tax return, including the submission of refund or credit claims, allowances or reliefs. I confirm that this authorisation will remain in force until Revenue is formally notified of its cessation by either myself or Irishtaxback.ie

2. Authorisation for Agent to receive refunds on behalf of client.

I authorise the transfer of any refund or repayment of PAYE/Income Levy/Universal Social Charge due to me by the Revenue Commissioners by electronic funds transfer to the following bank account which is held by Irishtaxback.ie
Bank: AIB Name of Account Holder: Irishtaxback.ie BIC: AIBKIE2D IBAN: IE09AIBK93339213732118

I understand that any refund made by the Revenue Commissioners to my agent, Irishtaxback.ie, on my behalf is refunded in a similar manner as if same were being refunded directly to me and that once the refund is transferred into the bank account nominated by me I have no further call upon the Revenue Commissioners in respect of same. I understand that Irishtaxback.ie is acting as my agent and is solely responsible to me in respect of any refund received by them on my behalf. I further understand that my agent, Irishtaxback.ie is an independent entity and that the Revenue Commissioners make no endorsement of my agent or any such agency and cannot accept any responsibility whatsoever for problems encountered by me in dealing with them.

I understand and agree that Irishtaxback.ie will input its own bank account details on the Revenue record for the duration of this mandate and will remove these details on the cessation of the mandate.

I confirm that I am aware of, and agree to, the payment of the fees charged by Irishtaxback.ie in respect of the services carried out on my behalf and that this fee will be deducted from any amount refunded by Revenue and that the balance of this amount will be paid to me.

3. Terms and Conditions of Authorisation

I understand that Tax law provides for both civil penalties and criminal sanctions for the failure to make a return, the making of a false return, facilitating the making of a false return, or claiming tax credits, allowances or reliefs which are not due.

I confirm that I will provide the necessary documentation to Irishtaxback.ie to support any refund, credit claims or claims for allowances and reliefs made to Revenue on my behalf by Irishtaxback.ie.

I confirm that I will provide details of all my sources of income to the Irishtaxback.ie.

I understand that Irishtaxback.ie is required to retain a copy of all documentation relating to any refund or credit or allowance or relief claimed by the agent on my behalf and that the agent will be required to produce same to Revenue upon request.

Client Signature		Spouse Signature	
Date		Date	
Agent Signature		Agent Signature	
Date		Date	



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CLIENT AGREEMENT WITH AGENT

I hereby confirm that:

1. I have signed the Client Declaration Form to authorise Irishtaxback.ie to be my agent and to represent me in all submissions and correspondences, to prepare my tax return(s) and represent me before the Revenue and the Department of Social Protection for the current tax year and the four preceding tax years.
2. I understand that all refunds and calculations are subject to agreement with the Irish Tax Authorities.
3. I confirm that I have provided accurate information and completed all forms honestly and hold receipts and documentations on file to support allowable expenses included in my tax return(s).
4. I authorise Irishtaxback.ie to receive and process any refunds due to me and remit the refund less their commission by bank transfer. I agree a commission rate of 10% + VAT of refunds received however, if no refund is due there is no charge. Should I avail of any additional services, I understand additional fees may apply.
5. Where I receive the refund from any source other than Irishtaxback.ie, I agree to send the agreed commission to Irishtaxback.ie within a period of 3 days by way of electronic fund transfer (EFT) or bank draft. At the expiration of that period, any outstanding amount on the account will be subject to interest by virtue of the Statutory Interest on Late Payments (Commercial Transactions) Regulations 2002.

Irishtaxback.ie tax agent confirm that:

1. We will deal with all your tax documents in the most confidentially and efficient manner. Once we are registered as your agent, we will review and submit your tax returns to the Revenue Commissioners within 3 working days.
2. The Revenue Commissioners will send both you as customer and us as your agent a copy of a tax statement when a tax refund review is complete. We will check this statement the day it arrives to ensure it is correct and contact you for payment details the same day. Payment will be made within 3 working days of receipt of your payment details.
3. We will retain and protect your personal information as per the relevant data protection legislation and will continue to act as your tax agent until you notify us otherwise. Please review our Privacy Policy on our website for further information.

Client Name		Spouse Name	
Client PPS Number		Spouse PPS Number	
Client Signature		Spouse Signature	
Date		Date	