

NOTE: INFORMATION PURPOSE ONLY - NOT A REVENUE FORM

Personal Details

reisonal Dei	4119							
Name				PPS Nu	ımber			
Address								
Date of Birth Nationality								
Telephone Numbe	r			E-mail	Address			
Occupation Medical Card Holder: Yes No						: Yes No		
Please forward a copy of your photo ID (such as Passport or Driving Licence)								
Marital Status								
Marital Status	Single	Marrie	d	Separated		Divorced	Widowed	
Date of Change in	Marital Status			Spous	e Name			
Spouse Date of Bir	th			Spous	e PPS Number			
Spouse Occupation	n			Spous	e Nationality			
Children's De	tails – if apı	olicable						
Number of Depend								
Child's Name				of Birth		PPS Number		
Child's Name			Date	of Birth		PPS Number		
Child's Name		Date	of Birth		PPS Number			
Rent Tax Credit								
If you are renting private rented accommodation or paying rent on behalf of a child, and NOT in receipt of housing assistance.								
Address of Property including Eircode								
Landlord / Letting agent name								
Amount of rent paid 2022 2023								
When rent commenced								
Paying rent for a child going to University: Yes No								
Mortgage Interest Relief								
If you have a fixed mortgage between €80,000 and €500,000 for your principal private residence, please provide.								
Mortgage Interest Certificate 2022 2023								
Statement of Mortgage Balance								
Local Property Tax (LPT) ID Number								



Medical Insurar	าดอ

Did your employer pay any part of your medical insurance?												
Amount Paid	2020			2021		20	2022 2023					
Pension Contributions – if Applicable												
Tick the years in	n which	you had r	made a pen	sion co	ntribution and	have NOT	clai	med tax relie	ef.			
Please provide	pension	statemen	nts for the rel	evant y	/ear(s)	202	20	2021	2	022	20	023
Working From Home												
If you had to work from home and your employer did NOT pay you a tax-free daily allowance of €3.20, then you can claim a portion of your Electricity, Gas and Broadband costs through your tax return.												
			202	0	2	2021	2022 2023					
			Self	Spous	se Self	Spous	е	Self	Spouse		Self	Spouse
Number of Days worked at home												
Amount spent on Light & Heat												
Amount spent on Broadband												
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).
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Medical and Dental Expenses – if Applicable

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Expense Type:	2020	2021	2022	2023
Medical Prescriptions				
Doctor Expenses				
Physio or similar				
Nursing Home Expenses				
Qualifying Dental Expenses				
Hospital Expenses				
IVF Expenses				
PCR Test				
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.



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 AD71, 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



CLIENT AGREEMENT WITH AGENT

I hereby confirm that:

- 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	