

# Irishtaxback.ie

TAX REFUNDS MADE EASY

NOTE: INFORMATION PURPOSE ONLY – NOT A REVENUE FORM

## Personal Details

Name	<input type="text"/>	PPS Number	<input type="text"/>
Address	<input type="text"/>		
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Telephone Number	<input type="text"/>	E-mail Address	<input type="text"/>
Occupation	<input type="text"/>	Signature	<input type="text"/>

## 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	<input type="text"/>	Spouse Name	<input type="text"/>		
Spouse Date of Birth	<input type="text"/>	Spouse PPS Number	<input type="text"/>		
Spouse Occupation	<input type="text"/>	Spouse Nationality	<input type="text"/>		

## Children's Details – if applicable

Number of Children	<input type="text"/>				
Child's Name	<input type="text"/>	Date of Birth	<input type="text"/>	PPS Number	<input type="text"/>
Child's Name	<input type="text"/>	Date of Birth	<input type="text"/>	PPS Number	<input type="text"/>
Child's Name	<input type="text"/>	Date of Birth	<input type="text"/>	PPS Number	<input type="text"/>

## General Information about Income

Tick the box for each type of income you or your spouse earn:

<input type="checkbox"/> 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

## Employment (P60) Details

Please forward P60 - tick the years available	2008 <input type="checkbox"/>	2009 <input type="checkbox"/>	2010 <input type="checkbox"/>	2011 <input type="checkbox"/>
Please forward Income Levy/USC Certificate, if available		2009 <input type="checkbox"/>	2010 <input type="checkbox"/>	2011 <input type="checkbox"/>
Please forward Tax Credit Certificate, if available	2008 <input type="checkbox"/>	2009 <input type="checkbox"/>	2010 <input type="checkbox"/>	2011 <input type="checkbox"/>

## Trade Union – if Applicable

Tick the box if you were/are a Union member

PLEASE RETURN TO: Irishtaxback.ie, 2 Old Bray Road, Cabinteely Village, Dublin 18, Ireland.

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## Service / Bin Charges – if Applicable

Amount Paid                      2007                      2008                      2009                      2010                      2011

## 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).

2008                       2009                       2010                       2011

## Rent you have Paid – if Applicable

Rent paid to:                      Landlord                       Landlord living Abroad                       Housing Authority   
   Agent                       Business                       Parent                       Other

Rental Address

Name of Landlord or Agent

Address of Landlord or Agent

PPS of Landlord or Agent

Amount of Rent Paid                      2008                      2009                      2010                      2011

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

Expense Type:	2008	2009	2010	2011
Medical Prescriptions				
Doctor Expenses				
Eye Surgery				
Physio or similar				
Nursing Home Expenses				
Qualifying Dental Expenses				
Hospital Expenses				
Other (Please specify)				
<b>TOTAL</b>				

## Mortgage Interest Relief – if Applicable

Tick the years in which you had/have a mortgage and have NOT claimed mortgage interest relief at source.

Please provide Mortgage Interest Certificate for the relevant year(s).

2008                       2009                       2010                       2011

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## AGENT LINK NOTIFICATION FORM

### Declaration to the Revenue Commissioners of Ireland ('Revenue') and To the Department of Social and Family Affairs ('DSFA')

**Client Name (insert full name):** \_\_\_\_\_

**Client Date of Birth:** \_\_\_\_\_

**Tax Reference (PPS) Number:** \_\_\_\_\_

I confirm that Irishtaxback.ie (TAIN 73377L), is to act as my agent in respect of the following taxes, for all tax years, effective immediately.

**PAYE Tax**

**Income Tax**

**Capital Gains Tax**

I confirm that this authorisation will remain in force until the finalisation of my respective tax return(s) by the Revenue.

**Client Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Agent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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## CLIENT AGREEMENT

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 DSFA.
2. I confirm that I hold receipts and documentations on file to support allowable expenses included in my tax return(s).
3. I authorise Irishtaxback.ie to review my earnings, taxes paid, tax credits, allowances and expenses due and all other specific areas relating to my tax return(s) and to submit my tax return(s) on my behalf to the Revenue.
4. I authorise Irishtaxback.ie to receive all correspondence in relation to my tax affairs.
5. I authorise Irishtaxback.ie to organise payment of taxes due to me or payment of any monies owed by me to the Revenue and/or DSFA.
6. I agree that there is a 10% filing fee payable to Irishtaxback.ie on any tax refund due to me and that there is a minimum fee of €25 per tax return where I am due a tax refund. If I am not due a tax refund for any given year there will be no charge. No refund No fee!
7. I agree to pay Irishtaxback.ie a filing fee for processing my tax return(s) within 5 working days of receiving my tax refund.
8. Should I avail of any additional services, I understand additional fees may apply.
9. I understand that all refunds and calculations are subject to agreement with the Irish Tax Authorities.
10. I confirm that I have provided accurate information and completed all forms honestly.

**Client Signature**

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**Client Name Printed**

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**Client PPS Number**

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**Date**

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**Irishtaxback.ie**

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**Irishtaxback.ie Director**

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