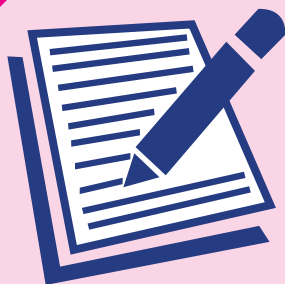




TAX REFUND APPLICATION FORM

HOW TO APPLY

1.



Complete form

2.



Post or Email

3.



Receive refund

HOW IT WORKS

1. We will register with Revenue as your Tax Agent, which revenue will confirm to you in writing.
2. We will assess your application to determine if you are due a tax refund.
3. Once agreed by Revenue, we will issue your refund to you, less our fees.

ClaimMyTaxBack.ie

27/28 Marino Mart, Fairview, Dublin 3

Phone: 01 539 4688

Text: 087 9000 215

Email: taxback@claimmytaxback.ie



Tax Refund Application Form

TAX YEARS

2013 2014 2015 2016

PERSONAL DETAILS

Full Name: PPS Number:

Address:

Date Of Birth: / /

Occupation:

If retired, date of retirement: / /

Nationality:

Email: Mobile/Phone:

Marital Status:
 Single: Married: Civil Partnership: Widowed: Separated: Divorced: Date of marriage: / /

Number of dependent children:

Name	Date of Birth	*PPSN
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

**PPSN required for children if claiming Single Person Child Carer Credit or Home Carer Credit*

SPOUSE DETAILS

Full Name: Nationality:

Date Of Birth: Occupation:

PPS Number: If retired, date of retirement: / /

INCOME DETAILS

Did you have any income outside PAYE or Social Welfare? Please detail:

** Please note, upon signing the agent authorisation, we can retrieve your PAYE income and Social Welfare Income directly from Revenue.*

YOUR HOME

Are you living in private rental accommodation since 7/12/2010? YES / NO

Rental address:

Start Date / /

End Date / /

Monthly amount of rent paid: €

If yes please complete the following;

YOUR HEALTH

Did you incur the cost of any of the following medical expenses? If so please insert below the amount spent on you and/or your family.

	GP Hospital or Consultant Fees	Prescribed Medicines	Non-Routine Dental	Other*	Amounts reimbursed by Health Insurer	
2013	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<i>Please Note: These amounts will be used for your medical claim. Receipts must be provided or forwarded at a later date if not readily available.</i>
2014	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	
2015	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	
2016	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	

* Please detail "other" health expenses here:

Health Insurance:

If your employer contributed towards your Health Insurance costs and taxed this as a benefit-in-kind through your salary, please advise how much your employer paid for you? €

Please also advise how many adults and children are on this policy. No. of Adults:

If you or your spouse had a full medical card, please provide the card no. No. of Children:



Declaration Revenue – Authorisation Form PAYE A2

1. Authorisation to act as agent

I, **Name** – (Self) (Spouse)

PPSN – (Self) (Spouse)

Authorise **ClaimMyTaxBack.ie**, TAIN 73393J, with an address at 27/28 Marino Mart, Fairview, Dublin 3 to act as my agent in dealing with all aspects of the filling in of my Irish tax forms, including the submission of refund or credit claims, allowances or reliefs.

I confirm that all documentary evidence of entitlement to credits/reliefs claimed and taxable income sources, will be held for a period of 6 years beginning at the end of the year of assessment to which the Return of Income and/or claim relates by myself.

I confirm that this authorisation will remain in force until Revenue is formally notified of its cessation by either myself or **ClaimMyTaxBack.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 **ClaimMyTaxBack.ie**

Name of Account Holder: ClaimMyTaxBack.ie **Bank:** AIB

IBAN: IE27AIBK93213246407230 **BIC:** AIBKIE2D

I understand that any refund made by the Revenue Commissioners to my agent, **ClaimMyTaxBack.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 **ClaimMyTaxBack.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 **ClaimMyTaxBack.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 **ClaimMyTaxBack.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 **ClaimMyTaxBack.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 **ClaimMyTaxBack.ie** to support any refund, credit claims or claims for allowances and reliefs made to Revenue on my behalf by **ClaimMyTaxBack.ie**.

I confirm that I will provide details of all my sources of income to **ClaimMyTaxBack.ie**. I understand that the person selected in Section 1 above, that is myself, is required to retain all documentation relating to any refund or credit or allowance or relief claimed by the agent on my behalf for a period of 6 years beginning at the end of the year of assessment to which the Return of Income and/or claim relates and that **ClaimMyTaxBack.ie** will be required to produce same to Revenue upon request.

Signed: Date:

Self

Signed: Date:

Spouse

Signed: Date:

ClaimMyTaxBack.ie