



TAX REFUND APPLICATION FORM

HOW TO APPLY



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.

NO REFUND / NO FEE

ClaimMyTaxBack.ie

6 Marino Mart, Fairview, Dublin 3

Phone: 01 539 4688

Email: taxback@claimmytaxback.ie

www.claimmytaxback.ie is a trading name of ITAS Accounting Ltd.

PERSONAL DETAILS

Full Name:

Address:

Date of Birth: / /

PPS Number:

Contact Number:

Email:

Occupation:

Nationality:

Marital Status:

Single: Married: Civil Partnership: Widowed: Separated: Divorced: Partnered:

Basis of Assessment:

Jointly Assessed: Separately Assessed: Single Assessment:

SPOUSE DETAILS (IF APPLICABLE)

Full Name:

Date Of Birth: / /

PPS Number:

Contact Number:

Email:

Occupation:

Nationality:

Date of Marriage: / /

DEPENDANTS (CHILDREN AND/OR OVER 65's)

Name:	Date of Birth:	PPSN: <small>(Only required if claiming Single Person Child Credit/ Home Carer Credit/Dependent Relative Credit)</small>
<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"/>

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 HEALTH

Do you or your spouse hold a full medical card?

Please confirm the cost incurred by you on the following medical expenses for you and your family. Ensure you retain copies of these medical expenses should these be required by Revenue

Tax Year	GP, Hospital or Consultants Fees	Prescribed Medicines	Non routine Dental	Other <small>*Details overleaf</small>	Amount Reimbursed by Health Insurer
<input type="text" value="20"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
<input type="text" value="20"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
<input type="text" value="20"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
<input type="text" value="20"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

If your employer contributed towards your Health Insurance and was taxed as a benefit-in-kind through your salary, please confirm the amount paid by your employer below. Please confirm number of people covered in this policy.

<input type="text" value="20"/>	€ <input type="text"/>	<input type="text" value="ADULTS"/>	<input type="text" value="CHILDREN"/>	<input type="text" value="20"/>	€ <input type="text"/>	<input type="text" value="ADULTS"/>	<input type="text" value="CHILDREN"/>
<input type="text" value="20"/>	€ <input type="text"/>	<input type="text" value="ADULTS"/>	<input type="text" value="CHILDREN"/>	<input type="text" value="20"/>	€ <input type="text"/>	<input type="text" value="ADULTS"/>	<input type="text" value="CHILDREN"/>

OTHER

If any of the below relate to you, please detail the amount spent by you and provide evidence of same.

	20__	20__	20__	20__
Did you pay any 3rd level college fees during this year?	€	€	€	€
Did you make pension contributions, not through salary?	€	€	€	€
Did you contribute to an Income Protection policy, not through salary?	€	€	€	€

ANYTHING ELSE WE SHOULD KNOW?

Please advise how you heard about our services?

FEES

NO REFUND / NO FEE

**-10% commission of your refund*
-Minimum charge of €35 per year***

*amounts include VAT

ClaimMyTaxBack.ie may contact you in the future, via Email or SMS regarding tax related changes, updates, services or tips. If you wish to be contacted, please tick this box

I understand by signing the authorisation form overleaf, I consent to the following:

1. I have signed and understand the Agent Link form overleaf which enables **ClaimMyTaxBack.ie** to act on my behalf with Revenue Commissioners in relation to claiming my tax refund.
2. I acknowledge that I have supplied all the correct relevant information to enable **ClaimMyTaxBack.ie** to prepare an accurate tax return on my behalf, and could be subject to a Revenue audit.
3. I acknowledge that **ClaimMyTaxBack.ie** will prepare my tax return based on the information supplied and accepts no responsibility for any implications resulting in failure to disclose all sources of income and allowances.
4. I confirm that I have not already sought a tax refund for the tax year(s) being reviewed by **ClaimMyTaxBack.ie**.
5. I understand that any result calculated by **ClaimMyTaxBack.ie** is a projection only, and Revenue Commissioners have the final say.
6. I understand the **ClaimMyTaxBack.ie** will only use my personal information for the purpose of preparing my Tax Returns and will not share or make it available to any 3rd party.

RETURNING THIS FORM TO US



Post or Email

Please enclose this form along with your documents / receipts to the following address:

**ClaimMyTaxBack.ie,
6 Marino Mart,
Fairview, Dublin 3**

taxback@claimmytaxback.ie



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 6 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 or refund or credit claims, allowances or reliefs.

I confirm that all documentary evidence of entitlement of 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/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: Bank of Ireland

IBAN: IE72BOFI90060764462706

BIC: BOFIE2D

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