

Irlandia

FORMULARZ
 zgłoszenie zwrotu podatku

Prosimy używać drukowanych liter

Imię i Nazwisko		Narodowość	
Adres w Irlandii		PPS no.	
		Adres w Polsce	
Telefon kontaktowy			
Data urodzenia		E-mail	

Prosimy podać następujące informacje

Data wjazdu do IR		Data wyjazdu z IR	
Czy odzyskiwałeś/aś już podatek z IR?	TAK <input type="checkbox"/>	NIE <input type="checkbox"/>	Jeśli tak to za który rok <input type="text"/>
Czy zamierzasz powrócić do pracy w IR przed końcem roku?	TAK <input type="checkbox"/>	NIE <input type="checkbox"/>	

Historia zatrudnienia w Irlandii (prosimy podać daty adres oraz nazwę siedziby pracodawcy jak na P45 lub payslipie)

Data rozpoczęcia	Data zakończenia	Dane siedziby pracodawcy (nazwa , adres, telefon e-mail)

Prosimy wybrać sposób przekazania zwrotu

Przelew na konto	PLN <input type="checkbox"/>	UWAGA Prosimy o zachowanie ksero P45/P60 lub pasylypów Prosimy o załączenie wszystkich stron P45
Nazwa Banku	<input type="text"/>	
Numer konta	<input type="text"/>	
Przekaz pocztowy	TAK <input type="checkbox"/>	
Adres	<input type="text"/>	

Prosimy przesłać formularze oraz PITy na adres w Polsce

Travel Exchange & Education, ul. Bogucicka 2, 40-226 Katowice

Wyrażam zgodę na przetwarzanie moich danych do celów związanych z realizacją zwrotu podatku oraz marketingowych (zgodnie z ustawą z dn 29.08.1997r o ochronie danych osobowych Dz.U.97 nr 133 poz 833)

Data i podpis

FIRST CLAIM FOR TAX REPAYMENT DURING UNEMPLOYMENT



Please read the **INFORMATION NOTES** overleaf **BEFORE** completing this form
ALL SECTIONS AND THE DECLARATION BELOW MUST BE COMPLETED IN ALL CASES
 (Where this form is not completed in full it may be necessary to return it to you which may delay processing your claim)

NAME and ADDRESS (Block Capitals)

PPS Number

Employer Number

Unit Number

Date of Cessation Of Employment
 Day Month Year

Refer to your form P45 for answers to above

Employer Name

AMOUNT OF INCOME RECEIVED BY YOU SINCE THE DATE YOU BECAME UNEMPLOYED

Tick (a) appropriate box to indicate type of income received, then enter the relevant details in the spaces provided.

<input type="checkbox"/>	Unemployment Benefit	Date this income started	<input type="text"/>	Gross Weekly Amount	€ <input type="text"/>
<input type="checkbox"/>	Disability Benefit	Date this income started	<input type="text"/>	Gross Weekly Amount	€ <input type="text"/>
<input type="checkbox"/>	Other Social Welfare Pension(s)	Date this income started	<input type="text"/>	Gross Weekly Amount	€ <input type="text"/>

Please indicate type e.g. One-Parent Family Payment/
 Old Age Pension

<input type="checkbox"/>	Casual Earnings	Source of Income	<input type="text"/>	Gross Weekly Amount	€ <input type="text"/>
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(Do not include pay per P45 which you must attach to this form)
 Attach supporting documentation in respect of any tax deducted

<input type="checkbox"/>	Other income	Source of Income	<input type="text"/>	Gross Weekly Amount	€ <input type="text"/>
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No. of children for whom a dependant allowance is included in the Unemployment/Disability Benefit received

Unemployment Assistance is not taxable. If however you are in receipt of same please indicate by ticking this box

1. Do you intend to resume employment before 31 December next? YES NO
 If the answer is "no", state reason:
 If resuming education state name of school/college:

2. Are you making this claim on the basis that you are going abroad? YES NO
 If the answer is "yes" please state country of destination, intended departure date and duration of stay abroad:

3. Do you intend to take up employment abroad? YES NO

4. Address abroad for correspondence if known:

DECLARATION WHICH MUST BE SIGNED

N.B. Form P45 Parts 2 & 3 MUST accompany this claim

I declare that I am unemployed and that all particulars in this form are correct to the best of my knowledge and belief.

Signature: Date:

Telephone Number:

A person who knowingly makes a false statement for the purpose of obtaining repayment of income tax is liable to heavy penalties

Form Rent 1 - Claim for Rent Relief on Private Rented Accommodation

Please read information overleaf to check that you are entitled to Rent Relief.

Personal Details

and

Present Address, if Different

Name (Block Capitals)

Address of Rented Property

Date of Birth

DD / MM / YY

Employer's Registered Number

(if applicable)

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PPS Number

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Applicant's Tax Office

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Unit No. (if applicable)

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Name and Address of Landlord

Either private, business or if a company the registered office address

If rent is paid to an agent

Agent's name
Agent's address

PPS Number of Landlord

(Ask Landlord or agent for this)

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Amount of rent paid/payable by you

€

You can be asked for a receipt at the end of the tax year in support of this claim.

(See details of "Landlord's Receipt" overleaf)

Frequency of Payment

Tick (✓) appropriate box

Weekly

Fortnightly

Monthly

Yearly

Date tenancy commenced

DD / MM / YY

Date tenancy ceased, if ceased

DD / MM / YY

Description of Property

Tick (✓) appropriate box

House

Apartment

Bedsitter

Flat

Other

Number of rent-paying tenants with you

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Declaration which must be completed in all cases

I declare that all the particulars in this form are correct to the best of my knowledge and belief.

Signature

X

Date

DD / MM / YY

To:



From:

Declaration to the Revenue Commissioner

I, _____ grant full authority to
_____ to act as my agent in dealing with all
aspects of my Income Tax return application for the tax year _____

Furthermore, I hereby authorise that my refund cheque should be issued and sent to
nominee below. Nominee is my agent.

Agent's details

Please nominee and send cheque to:

Name of bank, building society or agent nominee

Address of bank, building society or agent nominee

_____ <i>Postcode</i> _____
<i>Telephone number:</i> _____
<i>Fax number:</i> _____
<i>E-mail:</i> _____

Signed **X** _____

Date: ____/____/____

To:

From:

Declaration to the Employer

I, _____ grant full authority to
_____ to act as my agent in dealing with all
aspects of my Irish income tax return application for the tax year _____

Furthermore, I hereby authorise that my P45/P60 or a statement of earnings for that
year should be sent to the agent's address below

Agent's details

Please send forms to:

Name of bank, building society or agent nominee

Address of bank, building society or agent nominee

_____ <i>Postcode</i> _____
<i>Telephone number:</i> _____
<i>Fax number:</i> _____
<i>E-mail:</i> _____

Signed **X** _____

Date: ____/____/____

To:



From:

Declaration to the Collector General

I, _____ grant full authority to
_____ to act as my agent in dealing with all
aspects of my PSRI return application for the tax year _____

Furthermore, I hereby authorise that my refund cheque should be issued and sent to
nominee below. Nominee is my agent.

Agent's details

Please nominee and send refund cheque to:

Name of bank, building society or agent nominee

Address of bank, building society or agent nominee

_____ *Postcode* _____

Telephone number: _____

Fax number: _____

E-mail: _____

Signed **X** _____

Date: ____/____/____