

Final Settlement System (FSS) Payee Status Declaration

(The Department's Data Protection Policy and further instructions are at the back of this page)

To be completed by the Payee and given to the Payer

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A	General Information	A General Information					
	ID Card/IT Reg. No. A1	P.E. Number A4					
	Spouse ID Card/IT No. A2	Business Name					
	Date of Marriage d d m m y y y y						
	Surname						
	First Name	Business Address					
	Address House /No.	Bacilloco / tadioso					
	Street	House /No.					
	Locality	Street					
	Postcode //////	Locality					
	Date of Birth A3	Postcode					
	Social Security No.	Telephone No.					
В	Main Source of Emolument Income	B FSS Main Tax Deduction					
	(See notes overleaf and tick the correct box)						
	"Single" rates of tax	Use "single" rates if payee ticked B1					
	"Married" rates of tax	Use "married" rates if payee ticked B2					
	"Parent" rates of tax	Use "parent" rates if payee ticked B3					
	Overseas Employment rate of tax (15%)	Withhold 15% tax if payee ticked B4					
	Persons returning to Employment or Total Income less than € 9,500	Do not withhold tax if payee ticked B5					
	Highly Qualified Persons rate of tax (15%) or Qualifying Employment in Aviation rate of tax (15%)	Withhold 15% tax if payee ticked B6					
	Main income from a qualifying sport activity (7.5%) B7	Withhold 7.5% tax if payee ticked B7					
C	Part-Time Employment (Qualifying)	C FSS Part-Time Tax Deduction					
	(Tick the correct box)	Effective Date for application of Part time rat					
	Pensioner C1						
	Full-time student/apprentice C2	C9 d d m m					
	Employed full-time elsewhere C3 If employed full-time elsewhere, provide						
	full-time employer's P.E. number Married, not employed full-time elsewhere having a spouse						
	being a full-time employee or pensioner C4	Part time tax deduction rate					
	NIL Tax Rate Tick box C5 ONLY if your projected income from all sources for the year is expected to be below the taxable limits	(insert rate which is					
	Note: You may lose your right to benefit from the reduced rate if you tick this box incorrectly.						
	Withhold Tax Tick box C6 if earning income from a qualifying sport activity and option for final Withholding Tay of 7.5% C6	C10					
	activity and opting for final Withholding Tax at 7.5% Tick box C7 to instruct your employer to start	C11					
	deducting tax at 15% C7	010					
	C8 d d m m y y y	C12					
D	Other Emolument Income	D FSS Other Emoluments Tax Ded					
	(Tick either box D2 or D3)						
	Deduct at the prescribed rate (20%)	Tax deduction rate on other Emoluments					
	Deduct at a higher rate (You may indicate rate or leave blank and payer will calculate)						
	Deduct at a lower rate if pensioner or full-time student, indicate rate						
	if not a pensioner or full-time student, tick this box to request CIR's permission						
E	Payee's Declaration	E Payer's Name and Signature					
_	Date						
	I, the undersigned, certify that the information given on this form is	Full name and position					
	true and correct.						

Parts B, C or D											
A General Info	ormat	ion									
P.E. Number		A 4									
Business Name											
Business Address											
House /No.											
Street											
Locality											
Postcode											
Telephone No.											
B FSS Main Tax Deduction											
(Tick the correct box											
Use "single" rates if payee ticked B1 B8								✓			
Use "married" rates if payee ticked B2 B9											
Use "parent" rates if payee ticked B3											
Withhold 15% tax if payee ticked B4 B11											
Do not withhold tax if payee ticked B5 B12											
Withhold 15% tax if payee ticked B6 B13											
Withhold 7.5% tax if payee ticked B7											
C FSS Part-Time Tax Deduction											
Effective Date for application of Part time rate											
C9	d	d	m	m	У	У	У	У			
Part time tax dedu	ction r	ate									
(insert rate which is applicable)											
0% tax											
C10 rate											
C11 7.5% tax rate											
			C12		15% rate	tax					
D FSS Other Er	molum	ent	e Tav	Dod	uctio	nn .					

D5

Signature

To be completed by the Payer

PAYER'S COPY

This copy of the completed FS4 is to be retained by the payer

Signature