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# FS7

## Final Settlement System (FSS) Payer's Annual Reconciliation Statement

### A Payer Information

|                       |  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|
|                       |  |  |  |  |  |  |  |  |  |
| Telephone Number      |  |  |  |  |  |  |  |  |  |
| Principal's Full Name |  |  |  |  |  |  |  |  |  |
| Principal's Position  |  |  |  |  |  |  |  |  |  |
| Principal's Signature |  |  |  |  |  |  |  |  |  |

For Year Ended 31 December

A1 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |   |   |
| y | y | y | y | y | y | y | y | y | y |

Payer P.E. No.

A2 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
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IT Reg. No.

A3 

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ETC Reg. No.

|  |  |  |  |  |  |  |  |  |  |
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Have you paid or reimbursed the cost of Childcare Facility for the benefit of the Employees?

Yes ☐

No ☐

If yes insert amount paid and number of Employees.

€ 

|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
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No. of Employees 

|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
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Date

A4 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |   |   |
| d | d | m | m | y | y | y | y | y | y |

### B Number of FS3s Issued

B1 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
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### C Gross Emoluments

Gross Emoluments (FSS Main or FSS Other applies)

C1 

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Gross Emoluments (FSS Part-time method applies)

C2 

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Taxable Fringe Benefits (Total of all Categories less any Non-Taxable Car Allowances)

C3 

|  |  |  |  |  |  |  |  |  |  |
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Total Gross Emoluments and Fringe Benefits

C4 

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### D Tax Deductions due as per FS3s attached

Tax Deductions (FSS Main or FSS Other applies)

D1 

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Tax Deductions (FSS Part-time method applies)

D2 

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Tax Arrears Deductions (as per amount on PCU2(A))

D3 

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Total Tax Deductions

D4 

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|  |  |  |  |  |  |  |  |  |  |
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### E1 Social Security Contributions due to IRD as per FS3s attached

E1 

|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
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### E2 Maternity Fund Contributions due to IRD as per FS3s attached

E2 

|  |  |  |  |  |  |  |  |  |  |
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### F Payments Made to IRD During the Year

| Month | Receipt No. | Date | FSS Tax<br>€ | SSC<br>€ | c | Maternity Fund<br>€ | c | Month | Receipt No. | Date | FSS Tax<br>€ | SSC<br>€ | c | Maternity Fund<br>€ | c |
|-------|-------------|------|--------------|----------|---|---------------------|---|-------|-------------|------|--------------|----------|---|---------------------|---|
| Jan   |             |      |              |          |   |                     |   | Jul   |             |      |              |          |   |                     |   |
| Feb   |             |      |              |          |   |                     |   | Aug   |             |      |              |          |   |                     |   |
| Mar   |             |      |              |          |   |                     |   | Sep   |             |      |              |          |   |                     |   |
| Apr   |             |      |              |          |   |                     |   | Oct   |             |      |              |          |   |                     |   |
| May   |             |      |              |          |   |                     |   | Nov   |             |      |              |          |   |                     |   |
| Jun   |             |      |              |          |   |                     |   | Dec   |             |      |              |          |   |                     |   |

If the Total paid (F1) is less than total due (F2) please enclose outstanding payment with FS5 form. In the case of overpayment please enclose a letter with this form explaining why the amounts differ.

|    |                                     |         |     |                |
|----|-------------------------------------|---------|-----|----------------|
| F1 | TOTAL PAID JAN – DEC                |         |     |                |
| F2 | TOTAL DUE AS PER ABOVE (D4, E1, E2) |         |     |                |
| F3 | AMOUNT UNDERPAID/OVERPAID           |         |     |                |
|    |                                     | FSS Tax | SSC | Maternity Fund |