

# Declaration to Revenue - Authorisation Form PAYE A1



## 1. Authorisation to Act as Agent

I, DEMO IT (first name, surname)

PPS Number 1 2 3 4 5 6

Date of Birth 0 1 / 0 1 / 2 0 1 6

E-mail address  
(of taxpayer) demo@gmail.com (mandatory)

authorise Fenero Taxation Services Limited (name of tax agency)

TAIN 7 2 7 6 9 A

Agent's  
address 50A Rosemount Park Drive, Rosemount Business Park,  
Ballycoolin, Dublin 11

to act as my agent in dealing with all aspects of the filing of my Irish income tax return, 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 (select preferred option) ☐ Fenero Taxation Services Limited (insert name of tax agency) **OR** myself ☒. (mandatory)

I confirm that this authorisation will remain in force until Revenue is formally notified of its cessation by either myself or Fenero Taxation Services Limited (insert name of tax agency).

## 2. 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 Fenero Taxation Services Limited (insert name of tax agency) to support any refund, credit claims or claims for allowances and reliefs made to Revenue on my behalf by Fenero Taxation Services Limited (insert name of tax agency).

I confirm that I will provide details of all my sources of income to Fenero Taxation Services Limited (insert name of tax agency).

I understand that the person selected in Section 1 above 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 Fenero Taxation Services Limited (insert name of tax agency) will be required to produce same to Revenue upon request.

Signed \_\_\_\_\_ (Client)

Date    /    /   

Signed Fenero Taxation Services Limited (Agent)

Date 1 3 / 0 3 / 2 0 1 8