

Welcome to the Irish Self-Assessed tax pack. Please fill out this form carefully with both you and your spouse's details, where applicable. You can save the pdf to your computer and email to info@taxback.com when complete. Once we have received your completed form, one of our tax advisors will process your tax return.

TAX YEAR _____

1. PERSONAL INFORMATION

First Name:	Surname:
Title:	Nationality:
Date of Birth: ____ / ____ / ____	PPS number:
Marital status:	Date Marital Status Changed: ____ / ____ / ____
Basis of Assessment (if married): Jointly assessed <input type="checkbox"/> Separately assessed <input type="checkbox"/> Singly assessed <input type="checkbox"/>	
Job Industry:	Job Position:
Email:	How did you hear of our service?
Home Address:	Phone number:
Please provide details of your Spouse or Civil Partner (if applicable)	
First Name:	Surname:
Title:	Nationality:
Date of Birth: ____ / ____ / ____	PPS number:
Job Industry:	Job Position:
Phone number:	Home Address:

2. RESIDENCY QUESTIONS

Please be advised that your taxation scope depends on your residence position. Please provide us with an estimate of the number of days you have spent outside Ireland for both the year in question and the prior 3 years (please exclude short holidays abroad).

You

Spouse (if applicable)

3. INCOME SECTION

Please select every source of income you have had for the year in question and complete the appropriate pages.

<input type="checkbox"/> Employment income (inc. occupational pension)	<input type="checkbox"/> Share Options Gain
<input type="checkbox"/> Social Welfare income (DSP income)	<input type="checkbox"/> Approved Profit Participation Scheme
<input type="checkbox"/> Foreign Employment income (inc. occupational pension)	<input type="checkbox"/> Foreign State Pension
<input type="checkbox"/> Rental income	<input type="checkbox"/> Artist Exemption
<input type="checkbox"/> AirBnB income	<input type="checkbox"/> Woodland income
<input type="checkbox"/> Foreign rental income	<input type="checkbox"/> Childcare Service
<input type="checkbox"/> Rent-a-Room income	<input type="checkbox"/> Mining Operations
<input type="checkbox"/> Self-employed income	<input type="checkbox"/> Capital Gain Tax (disposal of capital assets)
<input type="checkbox"/> Sub-contracting income	<input type="checkbox"/> Capital Acquisition Tax (gifts/inheritance)
<input type="checkbox"/> Deposit interest income	<input type="checkbox"/> Special Assignee Relief Programme
<input type="checkbox"/> Dividend income	<input type="checkbox"/> Farming income
<input type="checkbox"/> Directorship	<input type="checkbox"/> Other (please specify)

4. EMPLOYMENT INCOME AND/OR DSP INCOME

You do not need to send us a copy of your payment documents (P45/P60 or DSP Statements). However, we may request these if required:

How many sources of employment income (including occupational pension) did you and/or your spouse have during the year in question?	Self	Spouse/Civil Partner
Please confirm the source of Social Welfare income (DSP income), if any, received by you and/or your spouse during the year in question.	Self	Spouse/Civil Partner
What is the pay frequency in respect of the employment income you and/or your spouse had during the tax year in question	Self	Spouse/Civil Partner
	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> 4 Weekly <input type="checkbox"/> Other <input type="checkbox"/>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> 4 Weekly <input type="checkbox"/> Other <input type="checkbox"/>
What was your and/or your spouse's job position and field of employment industry?	Self	Spouse/Civil Partner

Were you and/or your spouse a full medical card holder during the year in question? Yes ☐ No ☐

If yes, please provide the medical card numbers. Self _____ Spouse _____

5. FOREIGN EMPLOYMENT INCOME AND/OR PENSION

Income from abroad: If you and/or your spouse have had income from abroad, please provide details covering the period from 1 Jan - 31 Dec of the year in question.

Self	Source of income	Gross income	Tax paid
Spouse	Source of income	Gross income	Tax paid

Please provide us with official documents confirming your foreign income covering the period 01 Jan - 31 Dec. If the foreign tax year is not a calendar year (such as in the UK) you should provide two payment documents covering the above period from 1 Jan - 31 Dec.

6. DIRECTORSHIPS

Were you and/or your spouse a proprietary director with more than 15% of company's shareholding during the year of assessment? Yes ☐ No ☐

If yes, please provide the following information:

Company name	Tax Registration Number (TRN)*	Percentage Shareholding	Please select Self or Spouse
		%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
		%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
		%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
		%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
		%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>

*TRN format is 7 digits plus 1 or 2 letters

7. SHARE OPTIONS GAIN

Did you and/or your spouse exercise (receive) any share options during the year in assessment? Yes ☐ No ☐

If yes, please provide details below

	Self	Spouse/Civil Partner
Date of share options grant	____/____/____	____/____/____
Number of shares granted		
Price paid per share	€	€
Date of exercise (received date)	____/____/____	____/____/____
Number of share options exercised (received)		
Market value per share at the date of exercise (received date)	€	€
Amount of relevant tax already paid to Revenue	€	€
Please forward any supporting documentation		

Did you file your RTSO1 form with Revenue within 30 days of the date of exercise (received date) Yes ☐ No ☐

	Self	Spouse/Civil Partner
Date of share options grant	____/____/____	____/____/____
Number of shares granted		
Price paid per share	€	€
Date of exercise (received date)	____/____/____	____/____/____
Number of share options exercised (received)		
Market value per share at the date of exercise (received date)	€	€
Amount of relevant tax already paid to Revenue	€	€

Did you file your RTSO1 form with Revenue within 30 days of the date of exercise (received date) Yes ☐ No ☐

Please forward any supporting documentation

**If you disposed of any of the above shares, please include the details in the Capital Gain Tax section*

8. APPROVED PROFIT SHARE SCHEMES (APSS)

Were you and/or your spouse in receipt of any shares under APSS which were granted to you by your employer? Yes ☐ No ☐

If you disposed of these shares between year 2 and year 3, please provide the following details:

	Self	Spouse/Civil Partner
Locked-in value of shares	€	€
Locked-in value of shares	€	€

** If you disposed of any of the above shares after year 3, please include details in the Capital Gain Tax Section*

9. SELF-EMPLOYMENT INCOME AND/OR SUB-CONTRACTING INCOME

Did you and/or your spouse have self-employment and/or sub-contracting income during the year of assessment? *If yes, please provide details below* Yes ☐ No ☐

	Self	Spouse/Civil Partner
Description of income e.g. electrician, accountancy business etc.		
Business Address		

GROSS AMOUNT RECEIVED

Self	Spouse/Civil Partner

EXPENSES

Self		Spouse/Civil Partner	
Type	Amount	Type	Amount
	€		€
	€		€
	€		€
	€		€
	€		€
	€		€
	€		€
	€		€
	€		€
	€		€
	€		€

If you and/or your spouse were in receipt of sub-contracting income, please confirm the amount (if any) of Relevant Contract Tax (RCT) deducted at source by the principal contractor.

Self €_____ Spouse €_____

10. DEPOSIT INTEREST

Did you and/or your spouse/civil partner receive any deposit interest income during the year of assessment? Yes ☐ No ☐
 If yes, please provide details below.

Self

Source of Income	Currency	1st Jan – 31st Dec		
		Gross	Tax	Net

Spouse/Civil Partner

Source of Income	Currency	1st Jan – 31st Dec		
		Gross	Tax	Net

Please provide interest certificates if available to you

11. DIVIDENDS

Did you or/and your spouse/civil partner receive any dividend income during the year of assessment? Yes ☐ No ☐
 If yes, please provide details below

Self

Source of Income	Currency	1st Jan – 31st Dec		
		Gross	Tax	Net

Spouse/Civil Partner

Source of Income	Currency	1st Jan – 31st Dec		
		Gross	Tax	Net

Please provide interest certificates if available to you

12. IRISH/FOREIGN RENTAL INCOME

Did you and/or your spouse/civil partner receive any rental income during the year of assessment? Yes ☐ No ☐

If yes, please provide details below.

How many Irish and/or Foreign properties did you have? Irish _____ Foreign _____

Do you (or your spouse/civil partner) have foreign rental income? Yes ☐ No ☐ If yes, please provide details below

Property address(es): Property 1: _____ Property 2: _____

Did you let out a room in your property? Yes ☐ No ☐

If yes, please give us your property's address (if different from above).

Have you let your property through an online booking site (such as AirBnB)? Yes ☐ No ☐

If yes, please give us your property's address (if different from above).

Please state the date the property was first let: Property 1: ____ / ____ / ____
Property 2: ____ / ____ / ____

Is the property owned solely by you or jointly? Property 1: Self ☐ Spouse ☐ Property 2: Self ☐ Spouse ☐

If the property is owned jointly, please indicate your % of ownership and relationship to other owner:
Property 1: % _____ Property 2: % _____

Gross rental income received	Self		Spouse	
	Property 1	Property 2	Property 1	Property 2
	€	€	€	€
	€	€	€	€

Expenses incurred during the period the property was let:	Self		Spouse	
	Property 1	Property 2	Property 1	Property 2
Mortgage interest	€	€	€	€
Maintenance	€	€	€	€
Repairs	€	€	€	€
Insurance	€	€	€	€
Management fees paid to an agent	€	€	€	€
Service charges	€	€	€	€
Light & heat	€	€	€	€
Ground rent	€	€	€	€
Other* (not capital in nature)	€	€	€	€

* Please provide a breakdown of "other expenses".
(NOTE: if you have incurred costs for furniture, fixtures and fittings please include them in the section below)

IRISH RENTAL INCOME

Capital allowances for furniture, fixtures and fittings

To claim capital allowances, provided a description of each item including the date of purchase and purchase price (if you let your property furnished, please include the market value at the time of letting, if lower).

Self - Property 1

Description of item	Date Acquired	Cost	Market Value (if lower)
	___/___/___	€	€
	___/___/___	€	€
	___/___/___	€	€
	___/___/___	€	€
	___/___/___	€	€

If you have submitted a tax return before please provide details of:

Unused Capital Allowances brought forward		
Unused rental losses brought forward		

Self - Property 2

Description of item	Date Acquired	Cost	Market Value (if lower)
	___/___/___	€	€
	___/___/___	€	€
	___/___/___	€	€
	___/___/___	€	€
	___/___/___	€	€

If you have submitted a tax return before please provide details of:

Unused Capital Allowances brought forward		
Unused rental losses brought forward		

Spouse - Property 1

Description of item	Date Acquired	Cost	Market Value (if lower)
	___/___/___	€	€
	___/___/___	€	€
	___/___/___	€	€
	___/___/___	€	€
	___/___/___	€	€

If you have submitted a tax return before please provide details of:

Unused Capital Allowances brought forward		
Unused rental losses brought forward		

Spouse - Property 2

Description of item	Date Acquired	Cost	Market Value (if lower)
	___/___/___	€	€
	___/___/___	€	€
	___/___/___	€	€
	___/___/___	€	€
	___/___/___	€	€

If you have submitted a tax return before please provide details of:

Unused Capital Allowances brought forward		
Unused rental losses brought forward		

TAX CREDITS AND EXPENSES

Tax credits and expenses may significantly increase your refund.

Rental Credit: You are only entitled to this credit in 2022 for yourself or your child/ren.

Were you in a rental agreement on 2022? Yes ☐ No ☐ * Skip the section if requirement is not fulfilled.

Did you paid the rent of your child? Yes ☐ No ☐

Tenancy start date ____ / ____ / ____ Tenancy finish date ____ / ____ / ____ Monthly rent paid €

Landlord/ Estate agent name Landlord's PPS Number (if known)

Landlord/ Estate agent address

Address of rented property

Eircode Local Property Tax (LPT) number (if known)

Did you receive any HAP/RAS or any other State Housing Support Schemes? Yes ☐ No ☐

Is your landlord a Government Minister or a Commissioner of Public Works who owns the property in an official capacity? Yes ☐ No ☐

Is your landlord a Housing Authority or a Housing Association? Yes ☐ No ☐

Is there a relation between you and the landlord?* Yes ☐ No ☐

* If yes, what is the relation?

Is the property registered with the Residential Tenancy Board?* Yes ☐ No ☐

*If yes, please provide RTB registration number (if known)

Is the property your private residence or is the property used for work or study? Private residence ☐ Work/Study ☐

Is the property rented under a licence agreement such as the Rent a Room Scheme? Yes ☐ No ☐

If you were paying rent for your child/ren please answer these additional questions:

Is your child in qualifying third level education (If not in qualifying 3rd level education - credit is not available) Yes ☐ No ☐

Is your child under the age of 23 at the start of the tax year in which he or she first commenced an approved course. Yes ☐ No ☐

What date did they (the child) start the qualifying third level Course? ____ / ____ / ____

Child's details:

First name Surname

Date of birth ____ / ____ / ____ PPS number

Address (if different to the claimant's address)

TAX CREDITS AND EXPENSES CONTINUED

Did you or your spouse pay tuition fees to any educational institute during the year of assessment? /
(paid for yourself or a dependant relative)

You / Spouse (enter all amounts in €)

/

Name of the educational institute, course name, duration and type (part time / full time)

Did you or your spouse incur any medical expenses during the year of assessment?
(i.e. doctors' fees, prescribed medicines, diagnostic procedures, physiotherapy, a&e etc.)

You / Spouse (enter all amounts in €)

/

Did you or your spouse incur any non-routine dental expenses during the year of assessment (root canals, crowns and bridgework, orthodontic or periodontal treatment, surgical extraction etc.)?

You / Spouse (enter all amounts in €)

/

Did your employer make any contribution towards your medical insurance costs as a benefit-in-kind during the year of assessment?

You / Spouse (enter all amounts in €)

/

Number of people covered by your medical insurance?

Self _____

Spouse _____

Did you pay into a private pension that was completely separate to pension payments made through payroll in the year of assessment?

You / Spouse (enter all amounts in €)

/

Did you or your spouse stay at home to look after your child/ren or dependent relative in the year of assessment?

Yes ☐ No ☐

Did you or your spouse take care of a dependent relative or incapacitated child in the year of assessment?

Yes ☐ No ☐

Please provide the following details for the child/dependent: name, PPS number, date of birth, address, nature of infirmity (if incapacitated). For dependent relatives, please also state your relationship with them and amount and source of income (if any).

TAX CREDITS AND EXPENSES CONTINUED

Did you or your spouse pay nursing home costs for yourself or for another person in the year of assessment?

You / Spouse (enter all amounts in €)

/

Please confirm the name and address of the nursing home and the PPS number of the nursing home resident:

Were you a single parent in the year of assessment?

Yes ☐ No ☐

Were you cohabiting with another partner during the year of assessment?

Yes ☐ No ☐

Were you the primary carer of your child? (your child is living with you for the greater part of the year)

Yes ☐ No ☐

Were you the secondary carer of your child? (your child is living with you for at least 100 days during the year)

Yes ☐ No ☐

If you were the secondary carer of your child, will your ex-partner agree to relinquish the credit in your favour?

Yes ☐ No ☐

Please provide your child's name, PPS number, date of birth. For secondary claimants please also state ex-partner details - name, date of birth, PPS number and address.

Staycation Credit: Did you have any spending in qualifying hotels or restaurants from 01st of October 2020?

1 Oct 2020 - 31 Dec 2020

1 Jan 2021 - 30 April 2021

Have you worked from home, either full or part-time?

Please give us amount of your household expenditure (broadband, electricity and heat). electricity & heat : €_____ / broadband : €_____

Days spent working from home:

Please state any other reliefs you may be entitled to in year of assessment: employing a home carer, home nursing, FILM relief, tax relief incentive schemes (BES, EII & SCS/SURE) SARP relief, FED relief or Job Assist Allowance.

15. EXEMPT INCOME

CHILDCARE SERVICES RELIEF (?)

Did you and/or your spouse provide Childcare Services?
If yes, please provide details below

Yes ☐ No ☐

	Self	Spouse/Civil Partner
Amount of gross income received?	€	€
Are you registered with the HSE as a provider of childcare services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

TYPE AND AMOUNT OF EXPENSES INCURRED

Self		Spouse/Civil Partner	
Type	Amount	Type	Amount
	€		€
	€		€
	€		€

ARTIST EXEMPTION

Have you and/or your spouse made a formal application for, and been granted, the Artist Exemption?

Yes ☐ No ☐

Did you and/or your spouse avail of the Artist Exemption? Yes No
If yes, please provide details below

Yes ☐ No ☐

	Self	Spouse/Civil Partner
Income source e.g. painting, musical composition, etc.		
Amount of gross income received?	€	€

TYPE AND AMOUNT OF EXPENSES INCURRED

Self		Spouse/Civil Partner	
Type	Amount	Type	Amount
	€		€
	€		€
	€		€

MINING OPERATIONS			
Did you and or/your spouse receive income from Mining Operations? <i>If yes, please provide details below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
GROSS AMOUNT RECEIVED			
Self		Spouse/Civil Partner	
€		€	
TYPE AND AMOUNT OF EXPENSES INCURRED			
Self		Spouse/Civil Partner	
Type	Amount	Type	Amount
	€		€
	€		€
	€		€
WOODLAND INCOME			
Did you and or/your spouse receive income from Woodland Operations? <i>If yes, please provide details below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
GROSS AMOUNT RECEIVED			
Self		Spouse/Civil Partner	
€		€	
TYPE AND AMOUNT OF EXPENSES INCURRED			
Self		Spouse/Civil Partner	
Type	Amount	Type	Amount
	€		€
	€		€
	€		€

ASSET ACQUISITION

Have your or your spouse acquired any assets during the year in question?

Yes ☐ No ☐

If yes, please provide details below

	Self	Spouse/Civil Partner
Description of the assets acquired		
Date of acquisition	____ / ____ / _____	____ / ____ / _____
Amount of Benefit	€	€
Please provide details regarding the type of benefit (gift/ inheritance), the relationship between you and the disponent, the valuation date (if different to the date of acquisition)		

ASSET DISPOSAL

Did you or your spouse dispose of any assets during the year in question?

Yes ☐ No ☐

If yes, please provide details below

	Self	Spouse/Civil Partner
Description of the asset disposed of		
Date of sale	____ / ____ / _____	____ / ____ / _____
Original date of acquisition	____ / ____ / _____	____ / ____ / _____
Amount of proceeds (net of disposal costs)	€	€
Original price of asset (plus acquisition costs)	€	€
Please provide additional notes (including description of assets sold etc.)		

OTHER

If you have additional sources of income / information that you wish to provide please do so here.

When you have completed the form, please save the file and email it to info@taxback.com. As soon as we have received your completed form, we will begin to process your tax return.