Income Tax Return for the year 2019 - Form 12



(Employees, Pension Recipients & Non-Proprietary Directors)

| It's quicker, easier and more convenient to complete an onl Services through my Account on www.revenue.ie | line Return (Form 12), which is available in PAYE |
|--|--|
| | Your PPSN |
| | Remember to quote this number in all correspondence or when calling at your Revenue office. |
| | This form is to be completed and returned to your Revenue office on or before 31 October 2020. |
| | Return Address |
| Use any envelope and write 'FREEPOST' above the address. NO STAMP REQUIRED | Return Address |
| If the Return Address of your Revenue office is not shown on this page, check any recent correspondence from Revenue or visit the 'Contact us' page on www.revenue.ie to find the address to which you should submit this form. | |
| RETURN OF INCOME, CHARGES AND CAPITAL GAINS FOR THE Y | EAR ENDED 31 DECEMBER 2019 |
| CLAIM FOR TAX CREDITS, ALLOWANCES AND RELIEFS FOR THE | YEAR ENDED 31 DECEMBER 2019 |
| This Tax Return should be completed by a person whose main sound non-proprietary company director who pays all his / her Income Ta NOTICE: YOU ARE HEREBY REQUIRED, UNDER SECTION 879 TAX TAXES NAMED ABOVE TO PREPARE AND DELIVER, ON OR BEFORM FOR THE YEAR 1 JANUARY 2019 TO 31 DECEMBER 2019 | x under the PAYE system (see notes below). ES CONSOLIDATION ACT 1997, BY THE INSPECTOR OF |
| NOTE: | |
| 1. An individual who is a 'chargeable person' for the purposes of Income Self-Assessment for the year 2019. | Tax Self-Assessment should complete a Form 11 Tax Return and |
| 2. An individual with a PAYE source of income and with total gross income of €30,000 or more is regarded as a 'chargeable person' for Self-Asse | |
| 3. An individual with a PAYE source of income and with net assessable more is regarded as a 'chargeable person' for Self-Assessment and m | |
| An individual with a PAYE source of income and net assessable non- other reliefs), and where the income is coded against PAYE tax credit | ts or fully taxed at source, is not regarded as a 'chargeable person'. |
| The Capital Gains Tax Self-Assessment system applies to all individuals | |
| Civil Penalties / Criminal Prosecution - Tax law provides for both civil making of a false return, facilitating the making of a false return, or claim of a criminal prosecution, a person convicted on indictment of an offence up to double the difference between the declared tax due and the tax ult | ning tax credits, allowances or reliefs which are not due. In the even e may be liable to a fine not exceeding €126,970 and/or to a fine of |
| YOU MUST SIGN THIS DECLARATION I DECLARE that, to the best of my knowledge and belief, this form conta Taxes Consolidation Act 1997 of: - all the sources of my income and the amount of income derived from e - all disposals and acquisitions of chargeable assets and the amount of or | each source in the year 2019, and |
| I DECLARE that, to the best of my knowledge and belief, all the particular allowances and reliefs claimed and as regards outgoings and charges a | |
| Signature | Date DD/MM/YYYY |
| Capacity of Signatory (Insert ⊠) Tax Payer ☐ Tax Advisor ☐ | Other (Specify) |
| Main Residence Address | |
| | |
| Eircode Tele | ephone Number |

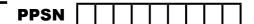
A non-assessable spouse or other civil partner electing to be the assessable spouse or nominated civil partner for the year 2019, for the purposes of completing this Form 12, must include a letter to this effect with the completed Form 12.

Tax Adviser Identification No. (TAIN)

Agent's Details

Client's Ref.

| Г | PF | PSI | N | | | | | | | | | | | | | | | A | ny | pan | el(s | s) o | r se | ecti | on(| s) t | hat | do | nc | ot re | equ | ire | an | en | try | shc | ould | l be | left | blar | nk | |
|----------------|---------------------------|---------------------------|-----------------------------|-------------------------|---|---------------------------|-----------------------------|---------------------------|-----------------------------|-------------------------------|---------------------|-------------|----------------------------|--------------------------|----------------------------|--------------------------|-------------------|--------------------|---------------------|--------------------|------------------|------------------|---------------------|------------|-------------|------------------|--------------|-------------------|---------|------------------|--------------------|-------------------|----------------|-------------------|------------------|------------|---------------|--------------------|-------------------|---------------------|------------|-------------------------------|
| | | | | | x Re | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PAY | Έ. | emį | oloy | ment |
| al C | owa omp | ance olet | es a ing | nd 20 | reli | efs Pay | as & | set File | οι S | it be elf- | elov As : | w. F ses | or ssn | fur ner | the | r in | for | ma | atio | n c | on ' | the | cc | ont | en | t o | f th | nis | fo | rm | , y | ou | sl | าดเ | ıld | re | fer | to | the | Gı | uide | credit e to 3675 |
| pr pe pr | ovicerso ovice infe | de c nal ded orm | erta data for atio | iin a m by n r | omi pers nay law. ega avai | on: be (Fu rdir | al c exc II d ng y | lata hai eta /ou | n fo nge ils r rig | r the ed work of Fights | ese vith Rev | oth enus | irpo ner ue's dat | ose Go s da a s | es a ove ata subj | nd rnn pro ject | ce nen oteo | rta t C ctic | in (Dep on p | oth part pol | er tme icy | sta ent se | tut s a ettir | tor and | y fi l a | un ge ıt h | ction nci | ons ies / w | in e | s a ce wil | ass erta I u | sigi ain se | ne ci yc | d b rcu our | y t im: pe | the sta | O nc on | irea es al c | ach wh data | itas ere a as | Yo this | our s is |
| В | ank | De | tails | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | efur etail: | | paic | d di | rect | ly to | о у | our | ba | ınk a | acc | oui | nt a | are | qui | icke | er c | on | npa | are | d t | o c | he | qu | e p | oay | /m | en | ts, | pl | ea | se | pr | ov | ide | y y | our | ba | ank | aco | cou | nt |
| Si | ngl | e E | uro | Pa | ym | ent | s A | rea | a (S | SEP | Ά) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| st It | ater is n | nen ot p | ts. I oss | =ur ible | ther to | inf ma | orn ke | nati a re | on efu | car | ı be | e fo | un | d o | n w | /W\ | v.re | eve | enı | ue. | ie. | | | | | · | | | | | | • | | | able | e o | n y | you | ır b | ank | ac | count |
| IB | AN | (Ma | axım T | um | 34 (| chai | ract | ers |) | | | 1 | 1 | 1 | 1 | 1 | 1 | _ | | | | 1 | 1 | 1 | | 1 | _ | _ | 1 | | 1 | _ | - | | 1 | 1 | 1 | _ | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| В | C (I | Max | imur | n 1 | 1 ch | ara | cter | s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| pa | irtne | er's | bar | ık a | ed o | unt | de | tail | s: | artn | ersl | hip | an | d h | ave | e o _l | ote | d fo | or | Joi | nt / | Ass | ses | ssr | ne | nt | in : | 20 | 19 | , p | lea | ase | p | rov | ⁄ide | е у | ou | r sį | ροι | ıse' | s oi | civil |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| В | C (1 | Max | imur | n 1 | 1 ch | ara | cter | s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Α | ny t | ax ı | refu | nd | s w | ill k | oe i | pai | d t | o th | ie a | icc | ou | nts | st | ate | d a | bc | ove |) . | | | | | | | | | | | | | | | | | | | | | | |
| | - | | | | erec | | | | | | | | | | | | | | | | ורר | ייור | nt r | det | ail | s ii | n " | M | , P | ro! | file | , " | | | | | | | | | | |
| | | | | | ck to | | | | | | • | | | | | | | | | | | | | | all | اا ت | 1 | ivij | , [| 10 | | • | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| Panel | Page No.(s) | Panel No.(s) |
|--|-------------|--------------|
| Personal Details | 4 | 1 - 2 |
| Income from Irish Employments, Offices (including Non-Proprietary Directorships), Pensions, etc. Income from Foreign Offices or Employments Attributable to the Duties of those Offices and Employments Exercised in the State | 5 | 3 - 12 |
| Income from a Trade or Profession | 7 | 13 - 14 |
| Income from Fees, Irish Rental Income, Covenants, Distributions, etc. and income chargeable under S. 811B | 8 | 15 - 22 |
| Exempt Income | 10 | 23 - 25 |
| Property Relief Surcharge - S. 531AAE | 10 | 26 |
| • Foreign Income (Dividends, Employments, Pensions, Rents, etc.) | 10 | 27 - 41 |
| Annual payments, Charges and Interest paid | 12 | 42 - 51 |
| Claim for Tax Credits, Allowances and Reliefs for the year 2019 | 14 | 52 - 75 |
| Capital Acquisitions in 2019 | 19 | 76 |
| Capital Gains and Chargeable Assets | 19 | 77 |
| Property Based Incentives on which Relief is claimed in 2019 | 20 | 78 |

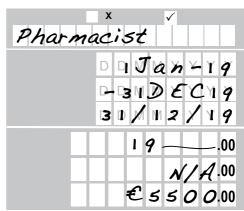
How to fill in this Tax Return

- 1. Use CAPITAL LETTERS. Write clearly and accurately within box(es).
- 2. Insert ⊠ in box as required.
- 3. Any panel(s) or section(s) that do not require an entry should be left blank.
- 4. In date boxes enter the format of DD/MM/YYYY, see example of correct and incorrect entries below.
- 5. All monetary entries, including entries in the Foreign Income panels, should be in Euro denomination. Do not enter € symbol.
- 6. Where **.00** is shown in monetary panels, enter figures in whole Euro ignore cent. Round down your income to the nearest Euro, and round up your credits, allowances, reliefs, expenses and tax paid to the nearest Euro it's to your benefit. Where **.00** is not shown, cents should be entered.
- 7. Legislative references relate to Sections of the Taxes Consolidation Act 1997, unless otherwise stated.

CORRECT

| X | | | | | X | | | |
|-------|---|---|-----|-----|---|---|---|-----|
| PHARM | Α | С | 1 8 | 3 T | - | | | |
| | 0 | 1 | 0 | 141 | 2 | Ø | Y | 9 |
| | 3 | 1 | 11 | 2 | 2 | Ø | Y | 9 |
| | 3 | 1 | 11 | 2 | 2 | Ø | 4 | 9 |
| | | | 1 | 9 | 0 | 0 | 0 | .00 |
| | | | | | | | | .00 |
| | | | | 5 | 5 | 0 | 0 | .00 |

Example of correct and incorrect entries.



INCORRECT

| PPSN | | Any panel(s) or section(s) that do | not require an entry should be left blank |
|--|--------------------|---|---|
| PERSONAL DETAILS | | | |
| 1 - Insert ⊠ in the box to indicate your civil sta | tus: | | es changed in 2019 insert ⊠ in the box |
| (a) Single | | to indicate your previous statu | us and state date of change: |
| (b) Married | | Single Married | In a Civil Partnership |
| (c) In a Civil Partnership | | Widowed | Surviving Civil Partner |
| (d) Married but living apart | | Married but living apart | In a Civil Partnership Dut living apart |
| If wholly or mainly maintaining your Spouse insert ⊠ in the box | | Divorced | Former Civil Partner |
| (e) In a Civil Partnership but living apart | | | |
| If wholly or mainly maintaining your Civil Partner insert ⊠ in the box | | Date of Marriage | |
| (f) Widowed | | Date of Separation or Divorce | |
| (g) A Surviving Civil Partner | | Spaugala or Civil Bartnerla | |
| (h) Divorced | | Spouse's or Civil Partner's date of death | |
| (i) A former Civil Partner | | | |
| If married or in a civil partnership, insert ⊠ in t | he box to indicate | e basis of assessment applicable | e for 2019: |
| Joint Assessment Sepa | rate Assessmen | t Single Treat | tment |
| If you wish to claim Widowed Person or Surviv Tax Credit state date of death of your spouse of | | with Qualifying Child | |
| State the number of Qualifying Children | | | |
| Spouse's or civil partner's details | | | |
| Name | | | PPSN |
| | | | |
| | | Se | If Spouse or Civil Partner |
| State your / your spouse's or civil partner's Da | te(s) of Birth) | | / |
| Residence status for 2019 | | | |
| In the year 2019, insert ⊠ in the box(es) if you or your spouse or civil partner were: | Non-resident | | |
| | Not ordinarily | resident | |
| | Not domiciled | | |
| In 2019 if you and / or your spouse or civil part Member State of the European Communities (| | | |
| Non-Resident Aggregation Relief | | | |
| Where your spouse / civil partner is not resider Non-Resident Aggregation Relief (NRAR), may | | our joint income is chargeable to | o tax in Ireland, additional relief, known as |
| Insert ⊠ in the box if you wish to claim NRAR: | | |] |
| If yes, please provide spouse / civil partner de | tails: | | |
| (a) Country of residence in 2019 | | | |
| (b) Tax Identification Number in country of | residence | | |
| (c) State total world wide income in Euro a | and complete sec | ction on foreign income (panels 2 | 27-41) |
| Insert ⊠ in the box(es) if you or your spouse o Medical Card or had entitlement to one under (a GP Only Card does not qualify as a Full Me | EU Regulations | | |
| adda not qualify ad a r un int | Odi u j | | |

| PPSN | Any panel(s) or section(s) that do not require an entry | should be left blank |
|--|---|-----------------------------|
| 2 - Non-Proprietary Directorships | | |
| List all Non-Proprietary Directorships in respect of you and / or you | r spouse or civil partner and state the percentage sh | nareholding in each Company |
| Self (%) | Spouse or Civil Partn | er (%) |
| | | |
| | | |
| | | |
| INCOME FROM IRISH EMPLOYMENTS, OFFICE | | |
| PENSIONS, ETC. INCOME FROM FOREIGN (DUTIES OF THOSE OFFICES AND EMPLOYM | | RIBUTABLE TO THE |
| (Write the name of the employer or the source of the pension o | · · · · · · · · · · · · · · · · · · · | |
| 3 - Employments subject to PAYE (including income state of the duties of foreign employments) | subjected to PAYE attributable to the perf | ormance in the |
| G . J , | Self | Spouse or Civil Partner |
| Employer's Name | | |
| | | |
| Employer's PAYE Registered Number | | |
| The following details are available from your final payslip for | 2019 | |
| Pay for USC | .00 | .00 |
| USC paid | | |
| Pay for income tax | .00 | .00 |
| Income tax paid | ППППП | |
| If any of the above employment income has been subjected non-refundable foreign tax, insert \boxtimes in the box(es) | d to | |
| Foreign Tax Amounts Amount of income included above that has been subjected non-refundable foreign tax | to .00 | 0.00 |
| Amount of non-refundable foreign tax paid on the income | | |
| Foreign jurisdiction where the employment was exercised | | |
| Note: If the tax is refundable by the foreign jurisdiction, a cl | aim for credit should not be made here. | |
| If you received a performance-related bonus payment from of €20,000 and have suffered USC at the rate of 45% on th | | |
| If you are related to your employer by marriage or otherwise state relationship | Э, | |
| 4 - Pension(s) / Annuities (subject to PAYE) Name of Payer(s) | | |
| Pension Company PAYE Registered Number | | |
| The following details are available from your final payslip for Pension / income for USC | 2019 | |
| USC paid | | |
| Pension / income for income tax | | .00 |
| Income tax paid | | |
| 5 - Withdrawal of funds from AVC | | |
| Amounts of funds withdrawn from an AVC under S. 782A Amount of tax deducted | .00 | 0.00 |
| _ | 5 | _ |

| PPSN Any panel(s) o | r sec | tion(| s) th | at d | o no | t req | uire an | entr | y sh | ould l | be let | t bla | ınk | | | - |
|--|---------------------------------|-----------------------------|------------------------------|--------------------|----------------------------|---------------------------------|---|---------------------------------|--------------------------------|--------------------------------|--|----------|--------------|--------------|------------|------------|
| | | | Se | elf | | | | | S | Spou | ise o | r Ci | ivil | Paı | rtne | ∍r |
| - Lump sums from Relevant Pension Arrangements (S. 790AA) | | | | | | | | | | | | | | | | |
| (a) Amount of lump sum(s) paid between 7/12/2005 and 31/12/2018, both dates inclusive | | | | | | .0 | | | | | | | \prod | \prod | | .00 |
| (b) (i) Amount of lump sum(s) paid in 2019 | | | | | | .00 | | | | | | | Т | Т | | .00 |
| (ii) Amount of lump sum paid in 2019 which was paid under the rules of a Qualifying Overseas Pension Plan (QOPP) (S. 790AA(17)) | | | | | | .00 | | | | | | Ī | Ī | Ī | Ŧ | .00 |
| (c) Tax free amount, if any, for 2019 | | | | | | .00 | | | | | | | \Box | \Box | | .00 |
| (d) Amount of excess lump sum(s) for 2019 | | | | | | .00 | | | | | | | \prod | | | .00 |
| (e) Portion of amount at (d) chargeable under Case IV at the standard rate (S. 790AA(3)(a)(i) or (3)(b)(i)(I)) (Do not include any amount entered at (g)(i)) | | | | | | .00 | | | | | | | I | I |]. | 00 |
| (f) Portion of amount at (d) chargeable under Schedule E (Note: this income should also be included with employment income subject to PAYE and income liable to USC) | | | | | | .00 | | | | | | | <u> </u> | I |]. | 00 |
| (g) Where amount at (d) includes an amount paid under the rules of a QOI (i) Portion of amount at (d) chargeable under Case IV at the standard rate determined in accordance with S. 790AA(3)(a)(i) or (3)(b)(i)(I) | PP: | | | | | .00 | | | | | П | | I | I |]. | 00 |
| (Do not include any amount entered at (e)) (ii) Portion of amount at (d) chargeable under Case IV at the rates determined in accordance with S. 790AA(3)(a)(ii), (3)(b)(i)(II) or (3)(b)(iii) | | | | | Τ | .00 | | | | | | 1 | I | I | <u>]</u> . | 00 |
| The Social Welfare Consolidation Act 2005 provides for the payment of ar beneficiary has an adult dependant. For tax purposes, the State pension the increased adult dependant payment in the relevant field on the return. credit. Their spouse or civil partner is not entitled to the Employee tax cre Enter details of any State Pension / Illness Benefit / Occupational Injury Beneritement Allowance / Maternity Benefit / Paternity Benefit / Adoptive | recip The dit in enefi | ient Sta res t / J | sho ite p pect obse | uld ens of t | incl ion the er's | ude f recip adult Bene | he tota ient w deper efit / Ca | al ar ill be ndar arer | moui e du nt pa 's Al | nt of e the syme lowa | the permeters that the permeters | ploy | sion /ee | n an tax | | |
| Type of payment | | | | aiti | | | , Bend | JIIL, | С.С. Г | | | | | <i>-</i> - | | |
| Taxable amount of payment in 2019 | Т | Τ | | | | 1.0 | | | <u> </u> | Τ | П | Т | Т | Т | Ī | .00 |
| - Distributions from Approved Retirement Funds, Approved Min | | | 2041 | | | + E | ndo 9 | ים י | 56 V | | | ~ · | | | · · | |
| (a) Distributions from an Approved Retirement Fund (S. 784A) | Π | T | Tetil | Tell | iei | | 7 | ×Г | \JP | \ | T | T | <u> </u> | Ť | | |
| (i) Amount of USC deducted in 2019 | 十 | 十 | \Box | ᅦ | ᅱ | .0 | 4 | | Г | ╁ | H | \dashv | \dagger | \dagger | 寸 | .00 |
| (ii) Amount of tax deducted in 2019 | 十 | ╁ | Н | ᅥ | ┪ | + | - | | H | ╁ | H | \dashv | 十 | 十 | ┪ | |
| (b) Distributions from an Approved Minimum Retirement Fund (S. 784C) | 十 | 1 | H | _ | | ٦, | _ | | L | + | H | ┪ | 十 | + | ┪ | |
| (c) Distributions from a PRSA (S. 787G) | | | | | | .0 .0 | 1 | | | | Ц | 士 | 士 | | T | .00 .00 |
| - Other Payments (for example, Payments received on commen in conditions of employment, or lump sum payments paid on | | | | | | | | | cor | nsid | erat | ion | of | ch | an | ge |
| Name of Payer(s) | | | | | | | | | | | | | | | | |
| Gross amount of payment(s) | \perp | | | | | .0 | 0 | | | | | | | | <u> </u> | 00 |
| Nature of Benefit(s) | | | | | | | | | | | | | | | | |
| Amount chargeable to tax | T | | | | | .0 | 0 | | | | | | $oxed{oxed}$ | $oxed{oxed}$ | <u> </u> | 00 |
| 0 - Foreign Earnings Deduction Where you are claiming relief under S. 823A, state the following: | | | | | | | | | | | | | | | | |
| (a) (i) Country | Т | | | | | \Box |] | Γ | \top | | | | Т | Т | | |
| (ii) Number of qualifying days spent there | | | | ij | 寸 | 丁 | 1 | - | | - | | | 寸 | T | Ť | |
| (b) (i) Country | \top | Π | | | | | | Γ | | | | | Ţ | T | | |
| (ii) Number of qualifying days spent there | | | _ | | | | | _ | | , | | | Ī | | | |
| (c) Amount of relief claimed | | | | | | .0 | 0 | | | | | | \prod | Ī | | .00 |
| Please attach a statement from your employer showing the dates of your | depa | rture | e froi | m a | nd | returr | to Ire | land | d an | d the | loca | atior | າ(s) | at v | whi | ch |

the duties of your employment were performed while abroad.

| PPSN | Any panel(s) or section(s) that do not require a | n entry should be left blank |
|--|--|------------------------------|
| | Self | Spouse or Civil Partner |
| 11 - Benefits from Employments / Non-Proprietary Dir | rectorships | |
| Most benefits-in-kind are taxed at source, however, some pa | | are not. |
| Any taxable benefits not taxed at source should be entered Nature of Benefit | nere. | |
| Taxable benefits: (not taxed at source under PAYE) | | |
| | | _ |
| 12 - Employments / Offices / Pensions not subject to | PAYE deductions | |
| Description of Income Amount of Income | | |
| , and an end of modifie | _ | _ |
| | | |
| INCOME FROM A TRADE OR PROFESSION | | |
| 13 - Income from a Trade or Profession | TRADE 1/ PROFESSION 1 | TRADE 2/ PROFESSION 2 |
| (Only use this form if your Total Gross non-PAYE income fror sources is within income thresholds - see note on page 1) | m all PROFESSION I | PROFESSION 2 |
| Insert $\ensuremath{\boxtimes}$ in the box(es) to indicate to whom the income in each c | column refers. Self Civil Partner | Self Spouse or Civil Partner |
| Description of Trade or Profession – you must clearly describe the trade | oe | |
| If sharefarming in the year 2019 insert ⊠ in the box | | |
| Commencement Date | | |
| Accounting Period End Date | | |
| Gross Income | .00 | .00 |
| Adjusted / Assessable Net Profit | .00 | .00 |
| Adjusted Net Loss | .00 | .00 |
| Unused Capital Allowances from a prior year | .00 | .00 |
| Capital Allowances for year 2019 | .00 | 00. |
| (a) If you wish to claim under S. 381, to set any loss in the tra 2019 (other than a relevant loss as defined in S. 381B) as other income, enter the amount of the loss. Claim to be n before 31/12/2021. | gainst your .00 | .00 |
| (b) If you wish to claim under S. 381 to set a relevant loss, as in S. 381B, made in the year 2019 against your other inco the amount of the loss. Claim to be made on or before 31 (Note: relief is restricted to a maximum of €31,750) | ome, enter .00 | .00 |
| (c) If there are no/insufficient profits, and you wish to claim a current year Capital Allowances in computing a loss mad trade in the year 2019 (S. 392), enter the amount of unus Allowances. Claim to be made on or before 31/12/2021. | e in the .00 | .00. |
| (d) Total loss for offset against other income (by virtue of S. 38 S. 392) | 1 and / or .00 | .00 |
| 14 - Credit for Professional Services Withholding Tax Gross withholding tax (before any interim refund) related to period for 2019 on fees for Professional Services | • | |

| Г | PPSN | J | Γ | П | - | <u> </u> | <u> </u> | 一 | 一 | Т | 7 | | | | Ar | ıy pane | l(s) o | r sec | tion(| s) t | hat o | do n | ot re | quire | an entr | y sł | nould | be l | eft b | lank | | | ٦ |
|----|-------------------|--------------|-------|--------|----------|----------|----------|--------|--------------|------|------|---------|--------------|--------------|-------------------|-----------------------------|---------------|------------------|---------------|------------|-------|-------|-------|-------|----------------------|------|----------|-------|-------|-------|------|------|----------|
| ' | | • | | | _ | | _ | | | | | | | | | | | | | S | elf | | | | | | Spo | use | or (| Civil | Pai | rtne | r |
| | OM IN | | | | | | • | | | | | | | | | • | OVI | EN/ | /N. | TS | , D | IS | TR | IBU | JTIO | NS | 5, E | TC | • | | | | |
| 15 | | , co | nm | ssio | ns, | S. 8 | 11 | B ind | com | ie, | etc. | from | sou | rces | s othe | than o | | | ents | or | dire | ctor | ship | s | | | | | | | | | |
| | Descr | iptio | on c | f Inc | om | e . | | - | | | | | | | | | | Ė | | | | | | | | Γ | | | | | | | |
| | Total a | - | | | | | | | | | | | | | | | | Т | Т | T | T | Т | Т | .00 | | L | | Τ | Т | П | | T | 00 |
| 16 | - Rent | t-a-l | Roo | om F | Rel | ief | | | | | | | | | | | | | | | | - | | 1.00 | | | <u> </u> | - | ! | | | 1. | 00 |
| | | inc | ome | e rec | eiv | ed ir | th | ne ye | ear 2 | 201 | 9 fo | or roo | m(s |) in a | a 'Qua | f gross lifying | • | | | | | Ι | | .00 | | | | | | | | .0 | 00 |
| | If you includ | | | | | | | | | | | | | | | | (es) | and | | | | | | | | | | | | | | I | |
| 17 | | ere | a cla | aim t | o ta | ax re | lie | f on | pro | ре | rty | base | d in | cen | tives i | s inclu page | | f this | retu | ırn | | | | | | | | | | | | | |
| | Act 20 | 004 | hav | e be | en | com | pli | ed w | vith | in r | esp | ect o | f all | tena | ancies | ial Ter which n the b | exist | ted | | | | | | | | | | | | _ | | | |
| | Numb | er o | f Pr | oper | ties | s let | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Numb | er o | f Ta | x Inc | en | tive I | Pro | perf | ties | | | | | | | | | | | | | | | oxed | | | | | | | | | |
| | Area i | n he | cta | res, | if a | pplic | ab | le | | | | | | | | | | | | L | | | | Ш | | | | | | | | | ╛ |
| | Non-re | esid | ent | land | lor | d (wh | ner | e the | e re | nt i | s pa | aid dii | rectl | y to | the la | ndlord | or to | the | and | lor | d's k | anl | k ac | coun | t either | in | the S | State | or | abro | oad) | | _ |
| | | | | | | (a) S | Stat | te th | e P | PS | N o | f tena | ınts(| s) | | | | | | | | | | | | | | | | | | | |
| | | | | | | (b) S | Stat | te th | e a | moi | unt | of Iris | h ta | x wi | thheld | | | Γ | | | | | | .00 | | | | | | | |]. | 00 |
| | Gross | Re | nt R | ecei | vat | ole | | | | | | | | | | | | Ī | Ť | Ť | Ť | Ť | Ť | .00 | | | Ė | Ī | | П | Ī | Ť | 00 |
| | Add C | law | bac | k of S | Sed | ction | 23 | B Rel | lief | | | | | | | | | ř | $\overline{}$ | \dagger | Ť | Ŧ | T | .00 | | | F | T | | H | T | Ŧ | 00 |
| | Less: | Re | oair | s | | | | | | | | | | | | | | Ī | T | Ŧ | T | Ť | Ť | T | | | F | T | | П | T | Ť | Ī |
| | | | | | -4- | 4 | | | | | | | | | | | | F | ╁ | ᅻ | \pm | \pm | ╁ | .00 | | | 늗 | t | | Н | 十 | | <u>~</u> |
| | | | | ble in | | | nal | 'Rel | eva | nt i | nte | rest' c | laim | ned f | for the | years | 2016 | ຸ L | | _ | | | _ | .00 | | | L | | | Ш | | .0 | 00 |
| | | 20 | 17 a | | 01 | | | | | | | | | | | 97(2K | | | | | | | | .00 | | | | | | | | .0 | 00 |
| | | Pre | -let | ting | exp | end | itur | re or | า va | car | nt p | roper | ties | allo | wed by | / S. 97 | Α | | | | | | | .00 | | | | | | | | | 00 |
| | | Oth | ner | | | | | | | | | | | | | | | Γ | Т | T | | Т | Τ | .00 | | | Г | | | | | Τ, | 00 |
| | * Rent | ted I | Res | iden | tial | Reli | ef (| (Sec | tion | 23 |) w | here | 201 | 9 is | the fir | st yea | r of c | laim | _ | | | | _ | 1.00 | 1 | | | | | | | 1.5 | <u>≃</u> |
| | Net R | enta | ıl In | come | ⊖ (8 | ifter | ex | pen | ses | bu | t b | efore | Cap | oital | Allowa | ances) | | L | 1 | 4 | 4 | 1 | ┷ | .00 | | | | L | L | Ц | 4 | .0 | 00 |
| | Net R | enta | ıl Lo | oss (a | afte | er ex | ре | nses | s b ı | ıt b | efc | re Ca | apita | II All | owand | es) | | L | | 1 | 4 | _ | ┸ | .00 | | | | L | L | Ц | _ | .0 | 00 |
| | Capita | al Al | owa | ance | s b | roug | ht ' | forw | ard | fro | m a | prior | yea | ar | | | | L | | | | | | .00 | | | | | | | | .0 | 00 |
| | carrie | d fo | rwa | ard b | еу | ond | 20 |)14 c | or ti | ne 1 | ax | life o | fth | ssiv e bu | e inve uilding | stors or st | shou ructu | uld n ire, if | ot i f lat | nci er. | ude | an | у ех | cess | s accel | lera | ted | сар | ital | allo | wan | ces | _ |
| | * Capi In resp | | | | _ | | | | | | • | | | anit | tal allo | wance | c | L | | | | | | .00 | | | | | | | | .0 | 00 |
| | enter t | the | amo | ount | of o | capita | aľ a | allow | vand | ces | . (N | lote, y | our/ | first | claim | for rel | ief in | | | | | | | .00 | | | | | | | | .0 | 00 |
| | Capita | al Al | owa | ance | s u | sed | aga | ains | t rer | ntal | inc | ome | in th | e ye | ear 20 | 19 | | L | | | | | | .00 | | | | | | | | .0 | 00 |
| | Capita | al Al | owa | ance | s a | vaila | ble | e for | car | ry f | orw | ard o | r off | set | | | | L | | | | | | .00 | | | | | | | | .0 | 00 |
| | Exces | s C | ase | V Ca | apit | al Al | llov | vanc | es | | | | | | | | | | | | | | | .00 | | | | | | | | .0 | 00 |
| | If you for 20 | | | | | | | | | | | | | | | | | | | | | | | | l) in res et agai | | | | | | | | _ |
| | (a) To | whi | ch S | 3. 40 | 9A | appl | lies | s (res | stric | tec | to | €31,7 | 7 50) | | | | | | | | | | | .00 | _ | | | | | | | | 00 |
| | (b) To | whi | ch S | 6. 40 | 9A | doe | s n | ot a | pply | / (n | o re | estrict | ion a | appl | ies) | | | | | | | | | .00 | | | | | | | | | 00 |
| | Losse | s - <i>F</i> | Amo | unt d | of u | nuse | ed | loss | es f | ron | n a | prior | year | • | | | | | | | | | | .00 | | | | | | | | | 00 |
| L | | | | | | | | | | | | | | | | 8 | | | | | | | | | - | | | | | | | | |

| PPSN | |
|---|---|
| | Self Spouse or Civil Partner |
| 18 - Payments received under a Legally Enforceable | laintenance Arrangement from which Irish Tax was not deducted |
| Gross amounts (exclude any amounts in respect of children | |
| 19 - Untaxed Income arising in the State | |
| Irish Government Stocks | .00 |
| Irish Exchequer Bills | .00 |
| Irish Credit Union Dividends | .00 |
| Other Investments | .00 |
| Total untaxed income arising in the State | .00 |
| 20 - Irish Deposit Interest | |
| Number of ordinary Deposit Accounts held | |
| Gross Interest received (on which DIRT was not deducted | .00 |
| Gross Deposit Interest received on which DIRT was deduc | ed .00 |
| Gross Interest received from Special Share Account(s)/ Special Term Share Account(s) / Special Savings Acco on which DIRT was deducted | unt(s) .00 .00 |
| If you are exempt from income tax and you or your spo 65 or over, or you are permanently incapacitated inser | |
| | |
| 21 - Income from which Irish tax was deducted (State gross amount) | |
| (a) Annuities | .00 |
| (b) Covenant | .00 |
| (c) Settlements | .00 |
| (d) Legally Enforceable Maintenance Arrangement (exclude amounts in respect of children) | any |
| (e) Estate Income | .00 |
| (f) Patent royalty income (including income previously exer under S. 234) | npted .00 |
| Total Irish taxed Income [(a) to (f) inclusive] | .00 |
| 22 - Irish Dividends | |
| (a)(i) Gross amount of Dividends from Irish Resident Companies (from which Dividend Withholding Tax was deducted), other than dividends received from a Real Estate Investment Trust (REIT) | .00 |
| (ii) Gross amount of dividends received from a REIT | 00. |
| (b) Gross amount of Dividends from Irish Resident Com (from which Dividend Withholding Tax was not deducte | |

| PPSN TITLE | Any panel(s) or section(s) that do not require an el | ntry should be left blank |
|--|---|----------------------------|
| | Self | Spouse or Civil Partner |
| EXEMPT INCOME | | |
| 23 - Exempt Income for Childcare Services An individual in receipt of income from Childcare S Form 11 for that year. | ervices is regarded as a 'chargeable person' for Self-A | Assessment and must file a |
| 24 - Exempt Income | | |
| Source of Income | | |
| Amount of Income | .00 | .00 |
| 25 - Exempt Income from Personal Injury | | |
| Amount of gross income | | .00 |
| Tax deducted, if any, on income | .00 | .00 |
| PROPERTY RELIEF SURCHARGE - S. S | 531AAE | |
| 26 - (a) If your aggregate income for the 2019 tax year i insert ⊠ in the box(es) and complete line (b) | s €100,000 or more, | |
| (b) Amount of specified property reliefs used in 201 | 9 .00 | .00 |
| FOREIGN INCOME (DIVIDENDS, EMPL | OYMENTS, PENSIONS, RENTS, ETC | ·-) |
| All amounts should be in Euro. Include details of any scr | • | • |
| 27 - Great Britain & Northern Ireland Dividends | | |
| Net Dividend(s) Received | .00 | .00 |
| 28 - US Dividends Amount of gross US Dividends | .00 | .00 |
| Foreign tax deducted (if any, and not refundable) | .00 | .00 |
| 29 - Canadian Dividends | | |
| Amount of net Canadian Dividends | .00 | .00 |
| Foreign tax deducted (if any, and not refundable) | .00 | .00 |
| 30 - Other Foreign Dividends | | |
| Amount of gross Other Foreign Dividends | .00 | .00 |
| Foreign tax deducted (if any, and not refundable) | .00 | .00 |
| 31 - Irish Tax Deducted on Foreign Income | | |
| Irish tax deducted on encashment (from 28, 29 & 3 | 0), if any .00 | .00 |
| 32 - Foreign Pensions | | |
| Gross amount of State Welfare Pension(s) | .00 | .00 |
| Gross amount of all Other Pension(s) | .00 | .00 |
| 33 - Income from Foreign employments attribut (on which Transborder Relief is not claimed) | table to the performance OUTSIDE the State of | of such employments |
| Gross amount of foreign salary | .00 | .00 |
| Foreign tax deducted (if any, and not refundable by | foreign tax authorities) .00 | .00 |

| PPSN TITTE | Any panel(s) or section(s) that do not require an | entry should be left blank |
|---|---|----------------------------|
| | Self | Spouse or Civil Partner |
| 34 - Foreign Rental Income | | |
| Number of Foreign properties let | | |
| Income from Foreign Rents (enter gross amount receive | rable) | .00 |
| Amount of expenses relating to this income (excluding in | | .00 |
| Amount of Allowable Interest | 1.00 | .00 |
| Net profit on Foreign Rental properties | .00 | .00 |
| Capital Allowances (including Capital Allowances forwar | | .00 |
| Losses | | |
| - Amount of unused losses from prior years | .00 | .00 |
| - Amount of losses in this year | .00 | .00 |
| Amount of losses carried forward to next year Amount of Foreign tax deducted Foreign rental losses may be offset only against foreign | | .00 |
| 35 - UK Deposit Interest | | |
| Gross amount of UK Deposit Interest | .00 | .00 |
| 36 - EU Deposit Interest (excluding UK interest) | | |
| (a) Amount of EU Deposit Interest | .00 | .00 |
| (b) Savings Directive withholding tax credit | .00 | .00 |
| (c) Foreign tax (other than (b) above) | .00 | .00 |
| 37 - UK 'Other' Interest | | |
| Gross amount of UK 'other' interest | .00 | .00 |
| 38 - EU `Other' Interest (excluding UK interest) | | |
| (a) Amount of EU 'other' interest | | |
| (b) Savings Directive withholding tax credit | .00 | .00 |
| (c) Foreign tax (other than (b) above) | 1.00 | .00 |
| | | |
| 39 - Foreign Annuities / Royalties / Dividends / Nor | ı-Deposit Interest | |
| Amount of gross Foreign Income including income previ under S. 234 (enter amount net of any allowable deduct | | .00 |
| Foreign Tax deducted (if any, and not refundable by Forei | | .00 |
| 40 - Other UK Income | | |
| UK income from Royalties, Annuities, Dividends, Non-D | eposit Interest, etc. | |
| Gross amount of UK Income from all Royalties, Annuitie | s, Dividends, etc. | .00 |
| 41 - Other Foreign Income | | |
| Source of other Foreign Income | | |
| Gross amount of Foreign Income | .00 | .00 |
| Amount of Foreign Tax deducted (if any, and not refundable by Foreign tax authorities) | .00 | .00 |

| Г | PPSN | Any panel(s) or section(s) that do not require | an entry should be left blank Spouse or Civil Partner |
|----|---|--|--|
| AN | INUAL PAYMENTS, CHARGES AND INT | TEREST PAID | |
| | - Rent paid to Non-Resident Landlord Gross amount of rent paid in the year 2019 - Retainable Charges (for example, Annuities) Gross amount of Annual payment | .00 | .00 |
| | Date of Payment | | |
| 44 | - Payments made under Legally Enforceable Ma | eintenance Arrangements | |
| 77 | (a) Name of spouse or civil partner | antenance Arrangements | |
| | (b) PPSN of spouse or civil partner, if known | | |
| | (c) Insert ⊠ in the box(es) if spouse or civil partner is no | on-resident | |
| | (d) Date of the legally enforceable maintenance agreem | nent DD/MM/YYYY | |
| | (e) From which no tax was deducted prior to payment Gross amount of annual payment (exclude any amorespect of children) | | .00 |
| | (f) From which tax was deducted prior to payment Gross Amount of annual payment (exclude any amorespect of children) | ounts in .00 | .00 |
| 45 | - Deeds of Covenant | | |
| | Insert ⊠ in the box(es) to indicate who the covenant is in Permanently Incapacitated Minor (Other than parent Permanently Incapacitated Adult Adult aged 65 or over* | | |
| | Name of Covenantee | | |
| | Relationship to the Covenantee | | |
| | Original date of the Deed of Covenant | D D / M M / Y Y Y Y | D D / M M / Y Y Y Y |
| | Gross amount of the Annual Payment *Restricted amount (5% of Total Income in respect of covenants to adults aged 65 or over) | .00 | .00 |
| 46 | - Additional Voluntary Contributions (AVCs) | | |
| | If you have made Additional Voluntary Contributions to y insert ⊠ in the box(es) to indicate the type of payment a - PRSA AVC | | _ |
| | - Other | H | H |
| | State the name of the employment where your Supe fund is held | erannuation | |
| | If you are a Specified Sportsperson (Schedule 23A) | insert \boxtimes in the box(es) | |
| | If you are a member of a Pre-Approved Pension Sch | heme insert ⊠ in the box(es) | |
| | Total Amount paid in 2019 (for which relief has not b claimed or granted in 2018) | een | .00 |
| | Amount of AVC Contributions already relieved under the net pay arrangement in 2019 | .00 | .00 |
| | Amount of ordinary contributions already relieved under net pay arrangement for 2019 | r the | .00 |
| | Amount carried forward from a prior year, for which relie not been obtained | ef has | |
| | Amount paid between 1/1/2020 and 31/10/2020 for which already been granted and for which relief is being claimed | ch relief has not | .00 |
| | Total amount of AVC Relief claimed in 2019 | .00 | .00 |

| | PPSN An | y panel(s) or section(s) that do not require an ent | try should be left blank |
|------|--|---|--------------------------|
| - | | Self | Spouse or Civil Partner |
| 47 | Personal Retirement Savings Accounts (PRSAs) | | |
| | Only complete Panel 47 if you, or your employer on your behalf you have made PRSA contributions, insert ⊠ in the box(es) of Certificate received from the Provider and give the details re | to indicate the type | |
| | PRSA 1 Certificate | | |
| | PRSA 1 (Net Pay) Certificate | | |
| | (Note that amounts contributed by your employer on your behavioud also be included in Panel 11 on page 7) | alf to a PRSA | |
| | If you are a Specified Sportsperson (Schedule 23A) insert \boxtimes in | n the box(es) | |
| | If you are a member of a pre-Approved pension scheme insert | t ⊠ in the box(es) | |
| | Total amount paid in 2019 (for which relief has not been claimed or granted in 2018) | .00 | .00 |
| | Amount of PRSA contributions already relieved under the net pay arrangement in 2019 | .00 | .00 |
| | Amount carried forward from a prior year, for which relief has not been obtained | .00 | .00 |
| | Amount paid between 1/1/2020 and 31/10/2020 for which relief has not already been granted and for which relief is being claimed for 2019 | .00 | .00 |
| | Amount contributed by your employer on your behalf to a PRS | SA .00 | .00 |
| | Total amount of PRSA Relief claimed in 2019 | .00 | .00 |
| 48 - | Retirement Annuity Contracts (RACs) | | |
| | If you are claiming relief in respect of RACs state the source(s) of your non-pensionable earnings | | |
| | If you are a Specified Sportsperson (Schedule 23A) insert ⊠ | in the box(es) | |
| | If you are a member of a Pre-Approved Pension Scheme inse | ert ⊠ in the box(es) | |
| | Total amount paid in 2019 (for which relief has not been claim or granted in 2018) | ned .00 | .00 |
| | Amount of RAC Contributions already relieved under the net pay arrangement in 2019 | .00 | .00 |
| | Amount carried forward from a prior year, for which relief has been obtained | not .oo | .00 |
| | Amount paid between 1/1/2020 and 31/10/2020 for which relief has not already been granted and for which relief being claimed for 2019 | is .00 | .00 |
| | Total amount of RAC Relief claimed in 2019 | .00 | .00 |
| 49 | - Qualifying Overseas Pension Plans (QOPPs) | | |
| | Note: Contributions to QOPPs that are made to occupational | schemes and relieved on that basis should | not be included below. |
| | Amount paid by 'relevant migrant member' in respect of a 'qualifying overseas pension plan' in 2019 | .00 | .00 |
| | Amount paid between 1/1/2020 and 31/10/2020 for which relief has not already been granted and for which relief is being claimed in 2019 | .00 | .00 |
| | Amount carried forward from a prior year, for which relief has not been obtained | .00 | .00 |
| | Total amount of QOPPs Relief claimed in 2019 | .00 | .00. |

| | PS | SN TTTT | | Any pane | l(s) or section(s) that do no | ot require a | n entry should be left blank | | | | | | | |
|------|----------|--|--------------------|---------------------------|-------------------------------|--------------|---|--|--|--|--|--|--|--|
| - | | | | | Self | | Spouse or Civil Partn | | | | | | | |
| 50 · | - Inte | erest Relief on Certair | n Unsecured I | Home Loans | | | | | | | | | | |
| | mai | espect of interest paid or in residence , taken out be ler section 9 Finance Act 2 | etween 1/1/2004 | and 31/12/2012, and | | | improvement of your loans which qualifies for relief | | | | | | | |
| | (a) | Insert ⊠ in the box(es) to secured home loan (mort | | | | | | | | | | | | |
| | (b) | Enter date loan taken ou | t | _ | D D / M M / Y Y | Y | | | | | | | | |
| | (c) | Enter expiry date of loan | | [| D D / M M / Y Y | Y | | | | | | | | |
| | (d) | If you received Tax Relies in 2019, state the amount | | | | .00 | .00 | | | | | | | |
| | (e) | Insert ⊠ in the box(es) if (that is, in the first seven | | | ef | | | | | | | | | |
| | (f) | State the amount of inter (excluding interest at (d) | | 1 | | .00 | .00 | | | | | | | |
| | (g) | State the number of tax y to first-time buyer relief | years (1-6) prior | to 2019 you were entit | tled | | | | | | | | | |
| | (h) | Insert ⊠ in the box(es) if and 31/12/2008 to purch residence, where your fir | ase your first qu | alifying residence, or s | subsequent qualifying | 04 | | | | | | | | |
| 51 - | - Bri | dging Loan Interest | | | | | | | | | | | | |
| | Dat | e loan taken out | | | D D / M M / Y Y | Y | | | | | | | | |
| | Amo | ount of qualifying bridging | loan interest for | this year | | .00 | .00 | | | | | | | |
| | | I FOR TAX CREDI | • | | | YEAR | 2019 | | | | | | | |
| | | I tax credits, allowances and me Carer Tax Credit | relieis you are e | intitied to for 2019 must | be claimed on this lorm) | | | | | | | | | |
|)Z - | | | to indicate the de | ependant (other than the | spouse or civil partner of | the claima | nt) for whom care is being provided: | | | | | | | |
| | Chi | | | | capacitated Individual | | | | | | | | | |
| | | ividual aged 65 or over | | • | ative living within 2km of | claimant | | | | | | | | |
| | - | unlaves Tay Cyadit (for | | Tave Creadit) | | | _ | | | | | | | |
| ა - | | ployee Tax Credit (for ert ⊠ in the box(es) if clair | • | ax Credit) | | | | | | | | | | |
| 54 - | Ear | rned Income Tax Cred | it | | | | | | | | | | | |
| | Ins | ert ⊠ in the box(es) if clair | med | | | | | | | | | | | |
| 55 - | Allo | owable Deductions in | curred in Emp | oloyment | | | | | | | | | | |
| | | ture of Employment | | | | | | | | | | | | |
| | (se | t Rate Expenses e www.revenue.ie for a for | | ite Expenses') | | .00 | .00 | | | | | | | |
| | (the | ner Unreimbursed Employlese must be incurred whole he performance of the dut | lly, exclusively a | | | | | | | | | | | |
| | Am | nount | | | | .00 | .00 | | | | | | | |
| | Sup | perannuation Contribution | s (where not de | ducted by employer) | | .00 | .00 | | | | | | | |
| | Tota | al | | | | .00 | .00 | | | | | | | |
| | Not | e: Evnenses etc relating | only to employe | nente should be show | here Peimburged eyne | aneae not | treated as nay for tay | | | | | | | |

Note: Expenses, etc. relating only to employments should be shown here. Reimbursed expenses not treated as pay for tax purposes should be excluded.

| | PPSN Any panel(s) o | r section(s) that do not | require an entry sho | ould be left blank |
|----|---|--------------------------------|---------------------------------------|---|
| | | Self | | Spouse or Civil Partner |
| 56 | - Blind Person's Tax Credit | | | |
| | Insert ⊠ in the box(es) if you wish to claim Blind Person's Tax Credit | | | |
| | To qualify for this tax credit, you must hold a certificate from an Ophthali have impaired vision to the extent that your central visual acuity does not the widest diameter of the visual field subtends an angle no greater that your claim. | ot exceed 6/60 in the | better eye with co | rrecting lenses, or that |
| 57 | - Guide Dog Allowance | | | |
| | Number of Guide Dogs maintained by you | | | П |
| | To qualify for this allowance you must hold a letter from the Irish Guide confirming you are a registered owner. A copy of this letter should accordiam. The relief may be granted each year thereafter during which you | mpany your first | _ | _ |
| 58 | - Assistance Dogs for Adults and Children | | | |
| | Number of Assistance Dogs maintained by you | | | |
| | To qualify for this allowance, you must prove that you maintain a trained supplied by an organisation accredited by Assistance Dogs Europe (ADEA statement from the organisation which supplied the dog must be submiclaim. The relief may be granted each year thereafter during which you relief. | Eu). hitted with your first | _ | |
| 59 | - Dependent Relative Tax Credit | | | |
| | Number of Dependent Relatives | | | |
| | Dependent Relative tax credit is not due if your relative's income exceeds in the year 2019 or if this tax credit is being claimed in full by another per | | | |
| 60 | - Single Person Child Carer Credit, Widowed Person or Surviv Increased Exemption - Qualifying Children | ring Civil Partner, I | Incapacitated C | child, |
| | If you wish to claim any of these tax credits, insert ⊠ in the appropriate be | ox(es) and enter the o | details requested | pelow |
| | (a) Single Person Child Carer Credit* (b) Widowed Person | n or Surviving Civil Pa | artner with Qualify | ing Child Tax Credit |
| | (c) Increased Exemption for Qualifying Children (d) Incapa | citated Child Tax Cred | dit** | |
| | Child's Name | Date of Birth | | PPSN |
| | | | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | *Single Person Child Carer Credit may not be claimed by a person qualifico-habiting couple. Claimants must complete Form SPCC1 or SPCC2 wi | | | |
| | **To claim incapacitated child credit a form ICC1 must be completed by the Medical Practitioner must complete a form ICC2. Both forms must be substitutional following each year in which the credit is claimed (in line with S 886A). See | mitted with a first clai | im and retained fo | r a period of 6 years, |
| 61 | - Employing a Carer | | | |
| | If you, your spouse or civil partner or a relative were permanently incapac you employed a carer insert ⊠ in the appropriate box(es). | itated by reason of me | ental or physical i | nfirmity and |
| | For whom was the carer employed? Self Self Sp | oouse or Civil Partner | | Relative Spouse or Civil Partner |
| | Net cost of employing a carer in the year 2019 (after deducting any payments received from Health Service Executive, etc.) | | .00 | , |
| 62 | Permanent Health Insurance (Income Continuance) - if not de Note that this is not Health / Medical Insurance | educted from Gross | Pay by Employ | er |
| | Name of Insurer | | | |
| | Amount paid in the year 2019 | | .00 | .00 |

| PPSN | | | |] | Any par | nel(s) or section | . , | not require a | • | ould be left bla | |
|---|---|---------------------------|-------------|---|------------|------------------------|----------------------|---------------------|----------|------------------|---------------|
| 63 - Medical Ins | urance | | | | | | Self | | | Spouse or C | ivil Partner |
| State the gross 31 December 2 employer paid | amount of 019 for wh medical i | ich tax nsura ı | relief wa | n the period 1 Jai s not granted at s iiums on your be urer (for example | source o | r if your on behalf | e, Irish Life F | .00 Health, etc. | 4 | Ш | .00 |
| | ical insura | nce pro | vider on | employer paid a your behalf or on benefit in kind | | | | |] | | |
| Adults covered Name Name | d by the p | olicy | | Amount | 1 .00 | - 1 | | | | | |
| | ourposes o | f this ta | ax relief m | peans an individual pect of whom a chect of Birt | nild premi | the age of 18 | Amount Amount Amount | over 18 ye | .00 | nder the age o | of 23 years, |
| Amount of any pate in 2019 the | e policy wa | as rene | ewed or e | | 7 [1 | | Sel | f .00 | .00 | Spouse or C | Civil Partner |
| (a) Amount su (b) Name of co | ıbscribed f | or eligi | ble share | s in 2019 | | | | .00 | | | .00 |
| (c) Tax referer was made | | er of co | mpany in | which investmen | nt | | Ш | | | | |
| (d) Date of the | | | | on (SURE)" from total income | e in 2019 | | M / Y | .00 | D | <u> </u> | .00 |
| (f) Amounts to | | | | | | | | 1 1.00 | <u> </u> | | 1 1.00 |
| (i) 2018 | | | | | | | | .00 | | <u> </u> | .00 |
| (ii) 2017 | | | | | | | | .00 | | | .00 |
| (iii) 2016 | | | | | | | | .00 | | | .00 |
| (iv) 2015 | | | | | | | | .00 | | | .00 |
| (v) 2014 | | | | | | | | .00 | Ī | | .00 |
| (vi) 2013 | | | | | | | | .00 | | | .00 |
| (g) Amount to | be carried | l forwa | rd to futur | e periods | | | | .00 | | | .00 |

| PPSN TITTE | Any panel(s) or section(s) that do not require | an entry should be left blank |
|--|--|-------------------------------|
| | Self | Spouse or Civil Partner |
| 65. Employment and Investment Incentive (EII)(a) Employment and Investment Incentive – Shares issued | • | |
| (i) (I) Amount subscribed for eligible shares in 2018 thr a designated investment fund in respect of which | | .00 |
| is now due (II) Enter relevant EII 3 certificate number | | |
| (ii) (I) Amount subscribed for shares in 2015 on which additional relief is now due | | .00 |
| (II) Enter relevant EII 3 certificate number | | |
| (iii) (I) Amount claimed in previous years and | | |
| carried forward into 2019 (II) Amount claimed in 2019 but unused and carried forward into 2020 | .00 | .00 |
| (b) Employment and Investment Incentive – Shares issue | | |
| (i) Amount subscribed for eligible shares in 2019 | .00 | .00 |
| (ii) Name of company in which investment was made | | |
| (iii) Tax reference number of company in which investr was made | nent | |
| (iv) Date of 'EII5' where the amount subscribed for elig shares was through a designated fund | ible / M M / Y Y Y | |
| (v) Date of the "Statement of Qualification (EII)" | | D D / M M / Y Y Y Y |
| (vi) Amount of investment which qualifies for relief under S. 502(2)(a) | | |
| (vii) Deduction from total income under S. 502(2)(a) | .00 | .00 |
| (viii) Amount to be carried forward to future periods | .00 | .00 |
| (c) Employment and Investment Incentive – Shares issued | d on or after 8 October 2019 and on or befo | |
| (i) Amount subscribed for eligible shares in 2019 | .00 | .00 |
| (ii) Name of company in which investment was made | | |
| (iii) Tax reference number of company in which investr was made | nent nent | |
| (iv) Date of 'EII5' where the amount subscribed for elig shares was through a designated fund | ible / M M / Y Y Y Y | |
| (v) Date of the "Statement of Qualification (EII)" | | DD/MM/YYYY |
| (vi) Amount of investment which qualifies for relief under S. 502(2A) | | |
| (vii) Deduction from total income under S. 502(2A) | .00 | .00 |
| (viii) Amount to be carried forward to future periods | .00 | .00 |
| 66. Start-up Capital Incentive (SCI)(a) Amount subscribed for eligible shares in 2019 | .00 | .00 |
| (b) Name of company in which investment was made | | |
| (c) Tax reference number of company in which investment was made | | |
| (d) Date of the "Statement of Qualification (SCI)" | | DD/MM/YYYY |
| (e) Amount of investment which qualifies for relief under S. 502(2)(a) | .00 | .00 |
| (f) Deduction from Total Income under S. 502(2)(a) | .00 | .00 |
| (g) Amount to be carried forward to future periods | .00 | .00 |
| 67 - Tuition Fees Name of Student | | |
| Amount of tuition fees paid, including student contribution | | |
| per approved course. (Do not include administration, exam, registration, capitati | | .00 |
| Insert ⊠ in the box(es) if a part-time course | | |
| Insert \boxtimes in the box(es) if fees relate to an information technolog | ogy or foreign language training course | |

| Г | PPSN An | ny panel(s) or section(s) that do not require an entry should be left blank |
|----|---|--|
| | FF-5R [| Self Spouse or Civil Partner |
| 68 | B - Amount of Owner Occupier Relief on a Residential I | Property in a Designated Area due in 2019 |
| | Where you are claiming relief under this incentive scheme also insert these details in Panel 78 on page 20 of this return | .00 |
| | The Living City Initiative | |
| | Your first claim for relief in respect of Living City Initiative mus through my Account on www.revenue.ie . | st be made on the online Form 12. This is available in PAYE Services |
| 69 | 9 - Retirement Relief for Certain Sportspersons | |
| | | er ceased permanently to be engaged in a 'specified occupation' or to carry wish to claim relief under S. 480A, insert ⊠ in the box(es) and give the |
| | information requested. | Wish to dain relief under 6. 4007t, insert \square in the box(es) and give the |
| | What specific occupation or profession does this claim relate | to |
| | Date of Permanent Cessation from specified occupation/profes | ssion July V |
| | Date of Fermanent Gessation from specified occupation/profes | |
| | Amount of relief claimed for the year 2019 | |
| 70 | Note: If you are claiming relief for prior years you should subr - Seafarer Allowance | mit full details. |
| | Name of employer | |
| | Number of days spent at sea in 2019 | |
| 71 | I - Transborder Relief To claim Transborder Relief an individual must be an Irish Res | esident, hold the foreign employment for a continuous period of at least 13 |
| | | Agreement and he / she must be present in the State for at least one day |
| | Gross income from Foreign Employment on which | .00 |
| | Transborder Relief is claimed Country where the foreign employment is held | |
| | Name and address of the Foreign Employer | |
| | , .,, | |
| | Employer's tax reference number in the jurisdiction | |
| | where the employment is held | |
| | Individual's tax reference number in the foreign jurisdiction | |
| | Amount of foreign tax paid (and not refundable) | .00. |
| | Number of weeks foreign employment held continuously (in the | the year of assessment) |
| | If you are claiming Split-Year Treatment insert ⊠ in the box(es | 98) |
| /2 | 2 - Health Expenses State the amount of Health Expenses claimed for the year 20 | 019 (further information on eligible expenses can be found on |
| | | ds already received or due to be received from any public or local authority, surance or from any other source, for example, compensation claim. You |
| | must deduct any such amounts from the amount claimed. The | nere is no requirement to submit forms Med 1 or Med 2 but you must retain |
| | | of six years, following each year in which the credit is claimed. |
| | Maintenance or treatment in an approved nursing home | |
| | PPSN of nursing home resident | |
| | Name of nursing home | |
| | Non-Routine Dental Expenses | .00 |
| | Other Health Expenses | .00 |
| | Amount received or receivable in respect of any of the above (for example, from any public or local authority, under a policy | w of |
| | medical insurance, or from a compensation claim) | .00 |
| 73 | 3 - Home Renovation Incentive (HRI) Tax credit due for 2019 based on your HRI online claim | .00 |
| 74 | 4 - Help to Buy (HTB) Incentive | |
| | A claim for a refund in respect of the Help to Buy (HTB) incen and 31 December 2019 must be made online. See www.reve | ntive for purchased / self-built residential property between 19 July 2016 renue.ie for further information. |
| 75 | 5 - Fisher Tax Credit | |
| | • | a fishing vessel registered on the European Community fishing fleet register. |
| | (a) Number of days(b) Fisher Tax Credit – amount claimed | |
| | (a) From tax ordare unrount ordinate | |

| _ | PPSN | Ш | | | | | An | y panel(s) or s | ection(s | s) that | do no | ot requ | uire an e | entry sho | ould be | e left b | lank | | ٦ |
|---|--------------------|-----------------------------|-----------|---------|------------|--------|--|-----------------|----------------|---------|---------|---------|-----------|-----------|---------|----------|--------|----------|-----|
| | CAPITA | AL ACQU | ISIT | ION | S IN | 20 |)19 | | s | elf | | | | Spouse | e or C | Civil P | artne | r | |
| | 76 - If you | ı received a g | gift or a | an inhe | eritan | ce in | 2019, insert ⊠ in t | he box(es) | | | | | | | |] | | | |
| | Note | | r 1991 | | | | neritance, when add e group, exceeds 8 | | | | | | | | | | | | |
| | | death of a | person | ۱. | | | eceived on the date | - | | | | | | | | | | | |
| | | | | | | | a requirement to fil nd this is the quicke | | | | | | | www.re | evenu | ie.ie. | Form | 11 38 | can |
| | CAPITA | AL GAINS | S AN | D CI | HAR | GE | ABLE ASSET | S | | Self | • | | | ; | Spou | se or | Civil | Partn | er |
| | 77 - Cap | ital Gains T | ax fo | r the | year | 1 Ja | anuary 2019 – 31 | Decembe | r 20 19 |) | | | | | | | | | |
| | | | - | | | | change, gift or othe partner in the year | • | rgeable | e asse | ets, fo | or exa | ımple, | land, sh | ares, | painti | ngs, a | ıntiqu | es, |
| | Char | geable Gain(| s) (exc | luding | Fore | ign I | Life Policies) before | S. 604A reli | ef | | | | .00 | | | | | | 00 |
| | Previ | ious Gain(s) I | Rolled- | over (| now (| char | geable) | | | | | | .00 | | | | | <u> </u> | 00 |
| | Net L | oss(es) in 20 | 19 bet | fore S. | 604 | A reli | ef | | | | | | .00 | | Щ | Щ | _ | <u> </u> | 00 |
| | Unus | sed Losses fro | om prio | or yea | r(s) | | | | | Щ | ┸ | Щ | .00 | | Щ | Щ | | <u> </u> | 00 |
| | Amo | unt of Gain re | elieved | under | S. 60 | 04A | | | | | | | .00 | | Ш | Ш | | | 00 |
| | | - | - | | - | - | oouse or civil partne d must be used fir | | sferable | e) [| | | .00 | | | | | <u> </u> | 00 |
| | Net 0 | Chargeable G | ain (ex | xcludir | ng Fo | reigr | n Life Policies) | | | | | | .00 | | | | | | 00 |
| | Net 0 | Chargeable G | ain on | Forei | gn Lif | e Po | olicies | | | | | | .00 | | | | | | 00 |
| | Unus | ed Losses fo | r carry | forwa | rd to | 2020 | 0 | | | | | | .00 | | | Ш | | | 00 |
| | | | | | | | ss in 2019 there is ose in the period 1 | | | | | | | ow. | | | | | |
| | (a) | Enter amour | nt of ne | et gain | to be | cha | arged @ 33% | | | | | | .00 | | | | | ا. | 00 |
| | (b) | Enter amour (excluding F | | | | | arged @ 40% | | | | | | .00 | | | | | ا۔ | 00 |
| | (c) | Enter amour to be charge | | | on F | oreiç | gn Life Policies | | | | | | .00 | | П | Ш | | | 00 |
| | In respec | t of net char | geable | gain | s tha | t arc | se in the period 1 | December 2 | 2019 to | 31 D | ecei | nber | 2019 | | | | | | |
| | (a) | Enter amour | nt of ne | et gain | to be | cha | arged @ 33% | | | | | | .00 | | | П | | | 00 |
| | (b) | Enter amour (excluding F | | | | | arged @ 40% | | | | | | .00 | | | | | | 00 |
| | (c) | Enter amour to be charge | | | on F | oreig | gn Life Policies | | | | | | .00 | | | | | | 00 |
| D | ouble Tax | cation Relie | ef | | | | | | | | | | | | | | | | |
| | | | | | | | ct of a disposal tha n foreign disposal. <i>A</i> | | | | | | ins tax | shown | abov | e, pro | vide | | |
| | | | C | ountry | , | | | | Amou | nt of | gain | | | | | of fore | _ | | |
| j | | | | | | | | Γ | Т | П | \neg | .00 | | [| | П | | .0 | |
| | | | | | | | | i | 〒 | 〒 | 寸 | 〒 | | İ | 十 | 艹 | 〒 | Ŧ | Ŧ |
| | | | | | | | | L | | | L | .00 | | | | | | .0 | U |

| PPSN | Any panel(s) or section(s) that do not require an entry should be left blank | | | | | | | | | | | | | | ٦ |
|---|--|---|------|---------|-------|---------|---------|---------|--------|-----|-------|------|-------|-------|------|
| 78 - PROPERTY BASED INCENTIVES ON WHICH RELIEF IS CLAIMED IN 2019 | | | | | | | | | | | | | | | |
| You are required to provide the following information in support of your claim to any of the following reliefs. You should note that the details required by this panel are the 'specified details' referred to in S. 1052(1)(aa) and S. 1084(1)(b)(ib) TCA 1997 and that any failure to fully and correctly complete this panel may leave you liable to penalties under S. 1052 and / or a surcharge under S. 1084 TCA 1997. | | | | | | | | | | | | | | to | |
| Enter the amount of the annual cost of the relief, that is the amount as losses or capital allowances, and before deducting any amount subsequent years. | | | | or ca | apita | l allov | wance | es whic | | | | | | | |
| Residential Property | | | | Ow | ner | Оссі | ıpier | | | | Inve | stor | ′ - L | esso | r |
| Urban Renewal | S.372AP & AR | | П | T | | | | .00 | П | | | Τ | | П | .00 |
| Town Renewal | S.372AP & AR | П | П | ┪ | | | H | .00 | H | İ | | T | 厂 | H | .00 |
| Seaside Resort | S.372AU | | | _ | | - | | | H | Ť | T | T | 厂 | H | .00 |
| Rural Renewal | S.372AP & AR | | | | | | П | .00 | H | Ť | Ť | 丅 | 厂 | 廿 | .00 |
| Living over the Shop | S.372AP & AR | | П | 7 | Ť | | Ħ | .00 | Ħ | Ť | T | 丅 | 厂 | Ħ | .00 |
| Park and Ride | S.372AP & AR | | П | 7 | | T | | .00 | Ħ | Ť | T | 丅 | 厂 | 计 | .00 |
| Student Accommodation | S.372AP | | | | - | • | | 1.001 | H | Ť | Ť | T | 厂 | 一 | 00 |
| Living City Initiative | S.372AAB | | | | | Π | | .00 | | • | _ | | • | | 1001 |
| Industrial Buildings Allowance | | | | Owi | ner | Оссі | ıpier | | | | Inve | stor | r - L | esso | or |
| Urban Renewal | S.372C & D | | | | | | | .00 | | | | | П | | .00 |
| Town Renewal | S.372AC & AD | | | 寸 | | Ť | П | .00 | Ħ | Ť | 丅 | П | П | | .00 |
| Seaside Resort | S.352 & S.353 | | | 寸 | | Ť | П | .00 | Ħ | Ī | T | П | П | | .00 |
| Rural Renewal | S.372M & N | | Ħ | | | Ť | П | .00 | | Ť | T | П | П | | .00 |
| Multi-storey Car Parks | S.344 | | | 寸 | Ì | Ī | П | .00 | Ħ | Ť | T | П | П | | .00 |
| Living over the Shop (Commercial Premises Only) | S.372D | | | 寸 | İ | Ť | П | .00 | Ħ | Ť | T | П | П | Πİ | .00 |
| Enterprise Areas | S.343 | | | T | İ | Ī | Ħ | .00 | Ħ | Ť | Ť | П | П | | .00 |
| Park and Ride | S.372V & W | | Ħ | 寸 | İ | Ť | Ħ | 00 | Ħ | Ť | Ť | П | П | Πİ | .00 |
| Hotels | S.268(1)(d) | П | Ħ | 寸 | İ | Ì | Ħ | .00 | Ħ | Ť | T | П | П | | .00 |
| Holiday Cottages | S.268(3) | | П | ┪ | İ | | П | .00 | П | Ť | T | П | П | | .00 |
| Holiday Hostel | S.268(2C)(b) | | П | ┪ | | | П | .00 | Ħ | T | T | П | П | | .00 |
| Guest Houses | S.268(2C)(a) | | | 寸 | | Ť | П | .00 | Ħ | Ť | T | П | П | | .00 |
| Nursing Homes | S.268(1)(g) | | Ħ | 寸 | | Ť | Ħ | .00 | | Ť | ┪ | П | П | | .00 |
| Housing for elderly/infirm | S.268(3A) | | Ħ | 寸 | | Ť | Ħ | .00 | П | T | 丁 | П | П | | .00 |
| Convalescent Homes | S.268(1)(i) | | | 寸 | | Ť | Ħ | .00 | Ħ | Ť | 丅 | П | П | | .00 |
| Qualifying Hospitals | S.268(2A) | | | 寸 | | Ť | Ħ | .00 | Ħ | Ť | 丅 | П | П | | .00 |
| Qualifying Mental Health Centres | S.268(1C) | | | | | Ť | П | .00 | Ħ | Ť | T | П | П | | .00 |
| Qualifying Sports Injury Clinics | S.268(2B) | | | | | | П | .00 | | T | | П | П | | .00 |
| Buildings used for certain childcare purposes | S.843A | | П | | | | П | .00 | | T | | П | П | | .00 |
| Buildings used for the purposes of providing Childcare Services or a Fitness Centre to employees | S.843B | | | | Ī | | | .00 | | | • | | | | |
| Specialist Palliative Care Units | S.268(1)(m) | | П | | | | П | .00 | П | Т | Т | | П | | .00 |
| Buildings or Structures in registered caravan & camping sites | S.268(2D) | | | 丁 | | | | .00 | ⇈ | | I | | | | .00 |
| Mid-Shannon Corridor Tourism Infrastructure Investment Schem | ne S.372AW | | | \int | | | \prod | .00 | | | | | | | .00 |
| Living City Initiative | S.372AAC | | | \prod | | | | .00 | | | | | | | .00 |
| Living City Initiative | S.372AAD | | | | | | | | | | | | | | .00 |
| Aviation Services Facilities | S.268(1)(n) | | | | | | \prod | .00 | | | | | | | .00 |
| Where the scheme(s) on which you are claiming relief is / are no and enter the amount of relief claimed in the year (Owner Occup | | | e na | me (| of th | e Ince | entive | Scher | ne(s), | quo | te th | e re | leva | nt Se | |