

## P35 DECLARATION

**FOR YEAR ENDED  
31 DECEMBER**



**RETURN BY 15 FEBRUARY**

**To: Office of the Collector-General,  
PO Box 354, Limerick.**

PLEASE QUOTE REGISTRATION NUMBER  
BELOW IN ALL CORRESPONDENCE.

### Guidelines for completion of P35 declaration below

## A TOTAL TAX/INCOME LEVY LIABILITY

At A below enter total net tax and total Income Levy deducted for all employees (including employees subject to exclusion orders, if any), minus all net tax refunded, if any.

## B TOTAL PRSI/PARKING LEVY LIABILITY

At B below enter total PRSI (employer + employee) and total Car Parking Levy for all employees.

**C TOTAL A + B LIABILITY**

At C below enter the combined total of A + B.

#### D TOTAL TAX PAID

At D below enter the total amount already paid.

## E CLAIMED REFUND

If the total entered at "C" is less than the amount at "D" enter the difference at "E" to claim the excess credit.

**F AMOUNT PAYABLE**

If the amount at "D" is less than the total at "C" please enclose payment for that balance and enter the amount of payment at "E".

**Please**

- Use Black Ball Point Pen.
- Enter whole euro only - do not use cent.
- Remember to sign the Declaration below and give a contact phone number.
- If the amount at Lines A, B or C is **ZERO** enter 0 - **do not** leave blank, **do not** write Nil.

## HELPLINE

If you have a query in relation to this form phone Lo-Call **1890 - 25 45 65**

International Customers please phone + **353 67 63400**

**e-MAIL [p35helpline@revenue.ie](mailto:p35helpline@revenue.ie)**

PHOTOCOPIES OF THIS FORM ARE NOT ACCEPTABLE

## Revenue



**Please complete below, detach and return**

N.B. This declaration can only be used in respect of the employer named.

NAME: \_\_\_\_\_

AOB .00

REG. No:

**B**  .00

**YEAR END:**

C							.00
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NOTICE NO:

D									.00
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I certify and declare that all particulars required to be entered by me in this return are fully and truly stated to the best of my knowledge and belief.

E									.00
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EMPLOYER'S SIGNATURE: \_\_\_\_\_

<b>F</b>								.00
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PHONE NO: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please do not fold or write below this line.**

P35  
F