IRELAND TAX REFUND TAX REFUND PACK FOR SINGLE INDIVIDUAL

IT'S QUICK AND EASY TO CLAIM YOUR IRISH TAX REFUND. PLEASE FOLLOW THE STEPS BELOW:



Complete the pack in BLOCK CAPITALS including as much information as possible. Scan or make photos of the completed pack.



Attach any supporting documents to the completed pack before emailing to irishdocuments@taxback.com



OR post to Taxback.com, IDA Business and Technology Park, Ring Road, Kilkenny, R95 ETN5 Please, only send copies of your receipts and supporting documents as we do not store or return original documents received

There are many reasons why you may be due tax back from the Revenue Commissioners of Ireland. At Taxback. com, we know that not everyone's tax a airs are the same. That's why there is quite a lot of information in this pack. However, you only need to complete the sections that are relevant to you.

WHAT HAPPENS NEXT

1. Once we receive your information, we'll review it and:

a) call you to confirm any outstanding information, or

b) if no additional information is required, we will send a request to Revenue to register us as your

tax agent and get access to your pay and tax details. This process can take between 1 - 2 weeks.

2. Having access to your pay and tax details our specialists review your case and:

a) contact you for additional information that can help us maximize your refund estimation, or

b) advise you about the tax refund you are due and file your application.

3. As soon as your application is submitted to Revenue:

a) we expect an online claim to be processed within1-2 weeks, dependent on work volumes at Revenue.

b) applications submitted via myEnquiries may take longer to finalize.

In the interim period, our Payments Team will get in touch to obtain your preferred payment option, so we can transfer your refund as soon as we receive it.



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PERSONAL INFORMATION							
Mr Mrs Miss First Name Surname							
Nationality*	PPS No		Date of Birth / /				
Marital status: Single 🗌 Married 🗌 Divorced 🗌 Separated 🗌 Widowed 🗌 Registered Civil Partnership 🗌							
Date your marital status has changed:	// dd mm yyyy						
, in the second	If Married or in a Registered Civil Partnership please indicate your basis of assessment: Jointly Assessed Separately Assessed Single Treatment						
Home Address Phone Number							
Email How did you hear of our service?							
* If you or your spouse are a Non EU citizen, please include a copy of Photo Id (such as Passport, Driving License or National ID Card) and information regarding your or their permissio to work in Ireland (please supply copy of visa or work permit, if relevant).							

	RESIDENCY QUESTIONS						
Time outside Ire	eland If relevant,	please state the approx	imate number (of full days you	ı and your spou	ise spent outsid	e Ireland
202 1	202 2	202 3 202	4 2	02 5			
If you have sper	nt significant time	e in another country or h	nave just moved	d here we need	I to know more	about your resi	dency
Please provide	(where relevant)	your entry date:/ dd m	/to	Ireland and exit /	proposed exit dat	e//	уууу
Working Abroa	d If you have wor	ked abroad in the last 4	years and paid	d any tax there	, please provide	e details below	
Aro you a Politic		son (PEP)? Or, do you ha					
		ically Exposed Person (F			Yes	No	
If your answer is relationship to y	s yes, please prov vou:	ide more details of the I	relevant promir	ent public fun	ction and/or th	e relative's / ass	sociate's
		ING		ΓΙΟΝ			
	Tax yea	r	202 1	202 2	202 3	202 4	202 5
What was your each year?	primary occupat	on and field of industry					
Non-employment Income If you had any source of non-employment income during the last 4 years, please provide details below:							

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TAX CREDITS AND EXPENSES						
Tax credits and expenses may significantly i	increase your refund	L				
Rental Credit: You are entitled to this cre	edit from 2022 to 20	25 for yourself or yo	our child/ren.			
Wereyouin a rental agreement between 2022 and	d 2025? * Skip the section if	requirement not fulfilled	Yes	No		
Did you pay the rent for yourself or your child?	2		Yes	No		
Did you pay rent for your child under the Rent	-a-room scheme/ fo	r 'digs'?	Yes	No		
Tenancy start date/ / Tenancy start date/	nancy finish date	/ /	Monthly rent paid €			
Landlord/ Estate agent name		Landlord's PPS Numb	per (if known)			
Landlord/ Estate agent address (if known)						
Address of rented property						
Eircode		Local Property Tax (L	PT) number (if known)			
Did you receive any HAP/RAS or any other Sta	te Housing Support S	chemes?	Yes	No		
Is your landlord a Government Minister or a Commissioner of Public Works who owns the property in an official capacity?						
Is your landlord a Housing Authority or a Hous	Is your landlord a Housing Authority or a Housing Association? Yes No					
Is there a relation between you and the landle	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	er (if known)					
Is the property rented under a licence agreen	nent such as the Ren	t a Room Scheme?	Yes	No		
Is the property your private residence or is the	e property used for w	ork or study?	Private residence	Work/Study		
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 - Yes No Credit is not available)						
Is your child under the age of 23 at the start of the tax year in which he or she first Yes No 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)						

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Tax credits and expenses may significantly increase your refund.											
Tax year	2	202 1	202	2	202	2 3	202	24	202	2 5	
Did you pay tuition fees to any educational institute during the following years? (paid for yourself or a dependant relative)	€		€	€€		€		€		€	
Name of the educational institute, course name, duration and type (part time / full time)											
Did you incur any medical expenses during the following years? (i.e. doctors' fees, prescribed medicines, diagnostic procedures, physiotherapy, a&e etc)	€		€		€		€		€		
Did you incur any non routine dental expenses during the following years? (root canals, crowns and bridgework, orthodontic orperiodontal treatment, surgical extraction etc.)	€€		€€		€		€				
Did your employer make any contribution towards your medical insurancecosts as a benefit-in-kind during the following years?	€		€		€		€		€		
Number of people covered by your medical insurance policy											
Did you pay into a private pension that is completely separate topension payments made through payroll?	€		€		€		€		€		
Did you pay personal contributions to an Income Protection Scheme?	€		€		€		€		€		
Have you worked from home, either full or part-time? Please give us amount of your household expenditure (broadband, electricity and heat).		€ broad- band	€ electric- ity & heat	€ broad- band	€ electric- ity & heat	€ broad- band	€ electric- ity & heat	€ broad- band	€ elec- tricity & heat	€ broad- band	
		€	€	€	€	€	€	€	€	€	

Days spent working from home	202 1	202 2	202 3		202 4	202 5
You						
Staycation Credit: Did you have any spending in qualifying hotels or restaurants	1 Oct 20)20 - 31 Dec 2020		1 J	Jan 2021 - 30 A	pril 2021
between 1 October 2020 and 30 April 2021?						

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TAX CREDITS AND EXPENSES CONTINUED							
Tax year		2020	2021	2022	2023	2024	
Were you a single parent? (not cohabiting with a partner)		Yes No	Yes No	Yes No	Yes No	Yes No	
Did you take care of a dependent relative incapacitated child?	or	Yes No	Yes No	Yes No	Yes No	Yes No	
Please provide the following details for your child or dependent relative: name, PPS number, date of birth, address and nature of infirmity (if incapacitated). Fordependent relatives, please also state your relationship with them and the amount and source of their income (if any).							
Tax year	<i>c v</i>	2020	2021	2022	2023	2024	
Did you pay nursing home costs - either fo or for another person to be there?	or for yourself	€	€	€	€	€	
Please confirm the name and address of the nursing home and PPS number of the nursing home resident:							
Mortgage Interest Relief The relief is available to homeowners with an ou	itstanding morte	gage balance of l	oetween €80,00	0 and €500,000 a	s of 31 December	2022.	
If your outstanding mortgage balance on your p	primary home is	between 80,000 c	nd 500,000, plec	use give us the foll	owing information	ר:	
Outstanding balance on 31 Dec 2022:	Mortgage Inter	est Paid in 2022:	Day	rs of mortgage inte	erest paid in 2022:		
LPT Property number:	Property number: Mortgage Interest Paid in 2023: Days of mortgage interest paid in 2023:						
Mortgage Interest Paid in 2024: Days of mortgage interest paid in 2024:							
Is there any further information you would like to share with us?							

If you'd like help with the forms, let us know and we'll arrange for someone to talk you through filling them out. Please note that we will need a fully completed pack before we can confirm your Irish tax position. Please make sure you've completed all sections and included the required documentation.

Declaration to Revenue - Authorisation Form PAYE A1

For information on how an agent can use Revenue systems on your behalf, please see 'Using a tax agent or tax service' on www.revenue.ie.



1.	Auth	orisation	to Act	as Agen
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1. Authorisation to Act as Ag	gent					
I,			(first name, surname)			
PPSN Date of Birth						
E-mail address (of taxpayer)			(mandatory)			
authorise I a x b a	c k . c o m		(name of tax agency)			
TAIN 7 1 3 5	4 M					
Agent's IDA Business & address	* Technology Park, Ring Ro	ad, Kilkenny, Ireland, R95 ETN	5			
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) (insert name of tax agency) OR myself v . (mandatory)						
I confirm that this authorisation either myself or <u>Taxback.com</u> years. [The submission of an u	n (insert r	name of tax agency), or for a	maximum period of 4			
 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 Taxback.com (insert name of tax agency) to support any refund, credit claims or claims for allowances and reliefs made to Revenue on my behalf by Taxback.com (insert name of tax agency). I confirm that I will provide details of all my sources of income to Taxback.com (insert name of tax agency). 						
I understand that the person s to any refund or credit or allow beginning at the end of the yea that <u>Taxback.com</u> Revenue upon request.	vance or relief claimed by t ar of assessment to which	the agent on my behalf for a	period of 6 years or claim relates and			

Signed .		(Client)	Date / /
Signed .	Taxback.com	(Agent)	Date
RPC012372_EN	WB L 1		

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CUSTOMER AGREEMENT

The customer agreement forms the basis of the relationship between Taxback and you. It is an important document, please read the points in full and ensure you understand them, before signing Declaration to Revenue.

I confirm that:

- 1. I understand that Taxback.com is a trading name for the services of Taxback Inc., Chicago, USA, and hereby contract with Taxback Inc. to carry out the services described herewith.
- 2. I understand that Taxback Inc will utilise its parent company Taxback and its subsidiary and aliate companies to gather information regarding the services where necessary and that the contract remains with Taxback Inc for the duration of the service.
- 3. I have signed the Customer Declaration to authorise Taxback Inc, and / or its subsidiary undertakings trading as Taxback.com and referred to hereafter as the Agent, to prepare this tax return and represent me before Revenue.
- 4. I commit that I will provide the necessary documentation to Taxback.com to support any refund claim made to Revenue on my behalf.
- 5. I authorise Taxback.com to be my tax agent to represent me in all communication, submission and correspondence with Revenue for the tax years specified by me.
- 6. I authorise Taxback.com to:
 - a. Review my earnings, taxes paid, tax credits, expenses, and allowances due and all other specific areas relating to my tax returns and to submit my tax return on my behalf to Revenue.
 - b. Receive all correspondence about my tax aairs and respond as appropriate.
 - c. Organise the payment of taxes due to me or payment of any monies owed by me to the Revenue Commissioners.
 - d. Receive any refunds due from the Revenue Commissioners to me by cheque to the Taxback.com oces or by bank transfer from the Revenue Commissioners into the bank account of Taxback.com. Endorse the cheque(s), deduct the necessary fee and send me the remaining amount.
- 7. I have not (a) approached or applied to Revenue about these tax aairs or been refused by them for any reason, or, (b) authorised any other party to do so on my behalf. I understand that Taxback.com reserve the right to withhold an amount of the refund (their fee) up to the amount as quoted at the time of estimation of the refund in the event that it transpires that the refund amount is lesser than estimated due to the fact that I had previously received a refund for the relevant tax year.
- 8. I agree to pay Taxback.com a filing fee for processing my tax return. Should I avail of any additional services, I understand additional fees may apply. Should I owe income tax for other tax years, and the Irish tax authorities deduct this owed money from the refund due for other tax year (s), I understand and agree that I need to pay the Agent a processing fee for each tax year for which a tax return was processed. Should I owe money for any other tax type, and the Irish tax authorities deduct this owed money from the refund due for other tax year(s), I understand and agree that I need to pay the Agent a processing fee for each tax year for which a tax return was processed. Should I owe money for any other tax type, and the Irish tax authorities deduct this owed money from the refund due for other tax year(s), I understand and agree that I need to pay the Agent a processing fee for each tax year for which a tax return was processed.
- 9. Should I receive the refund directly from any other source other than Taxback.com, I agree that I will pay the fee due to Taxback.com for the work completed.
- 10. I understand that the Irish tax authorities will make the final decision on the value of any refund due or any balance due to them by me and that any estimation given by Taxback.com, is an estimation, not a guarantee.
- 11. I agree to and accept the terms and conditions of service as written online at www.taxback.com and to any changes in the terms and conditions which Taxback.com may eect from time-to-time, and to the fees of the agent which represents the services I have requested and which are provided by Taxback.com and/or its afliate companies. I want to stay informed and subscribe to receiving communications from Taxback.com relating to new and existing products and services.
- 12. I understand that information collected in writing and/or verbally for Irish tax return and filing services can and may be used for internal auditing purposes by Taxback.com. I understand that Taxback.com, subject to relevant data protection legislation, will cooperate fully with requests from the Revenue Commissioners to provide them with information collected from me either verbally or in written form in connection with my tax return and that the information may be subject to external audit by Revenue.
- 13. I have provided true, accurate and complete information regarding my income, taxes, assets and personal circumstances to Taxback. com and I am duly responsible for any discrepancies in the information provided and my annual tax records with the Revenue Commissioners.
- 14. I commit to updating Taxback.com of any change in my contact or personal details.
- 15. I understand that Taxback.com will submit my application to the relevant tax oce as soon as I have been informed of the refund amount and have sent all necessary documentation. Should I wish to cancel my application, I will contact Taxback.com immediately. I understand that while Taxback.com will make every eort to recall my application, this may not be possible.

Taxback.com Commitment

- 1. We commit to the organisation of the tax return, and any due tax refund of this customer in line with the full information available to us and the legal regulations of the Republic of Ireland, administered by Revenue of Ireland.
- 2. We commit to transmit any refund due to this customer within three working days, once we have confirmed the payment option and bank details of the client, through a secure method.
- 3. We commit to providing full information at all times to the customer about his/her tax aairs, through multiple media secure Tax Tracker® Account, telephone, email and fax.
- Taxback.com will file tax returns for the tax years requested by the customer. This authorisation to Taxback.com means that Revenue may communicate/ send refunds to Taxback.com for tax years other than the tax years requested by the client, so long as the authorisation application is in place. Should this occur, Taxback.com will inform customer and proceed based on Taxback.com internal procedures.
 Taxback.com will retain and protect my personal data as per the relevant data protection legislation.
- Taxback.com, IDA Business & Technology Park, Ring Road, Kilkenny, R95 ETN5, Ireland