

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



Complete the pack including as much information as possible.



Attach any supporting documents to the completed pack



E-mail them to [irishdocuments@taxback.com](mailto:irishdocuments@taxback.com)

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 affairs 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.

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.

## 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 the Revenue Commissioners of Ireland to register us as your tax agent and get access to your pay and tax details. This procedure can take between 1 - 2 weeks.

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

- a) call you to confirm the estimated refund amount, or
- b) contact you for additional information that can help us maximise your refund estimation.

### 3. As soon as your application is complete and you provide approval, we will submit it to the Revenue.

Assuming all is in order, we can expect the claim to be processed within 2 to 6 weeks. During this time our payments team will contact you to organise payment options for you, so that we can transfer the refund into your bank account as soon as received.

# IRELAND TAX REFUND

TAX REFUND PACK FOR SINGLE INDIVIDUAL

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## PERSONAL INFORMATION

First Name		Surname	
Nationality*	PPS No	Date of Birth ____/____/____	
Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Registered Civil Partnership <input type="checkbox"/>			
If Married or in a Registered Civil Partnership please indicate your basis of assessment: Jointly Assessed <input type="checkbox"/> Separately Assessed <input type="checkbox"/> Single Treatment <input type="checkbox"/>			
Home Address		Phone Number	
Email	How did you hear of our service?		

\* If you are a Non EU citizen, please include a copy of your Photo Id (such as Passport, Driving License or National ID Card) and information regarding your permission to work in Ireland (please supply copy of visa or work permit, if relevant).

## TAX YEARS

Are you working in Ireland at present? Yes  No

tax year	2011	2012	2013	2014	2015
Please indicate the years for which you wish to claim a tax refund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please indicate if you have applied for these tax refunds before	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Amount received	€	€	€	€	€
If yes, Credits, Reliefs, Expenses Claimed (if known)					

Have you received correspondence from the Revenue Commissioners? Yes  No  If yes, please send us relevant copies by email.

## RESIDENCY QUESTIONS

**Time outside Ireland** If relevant, please state the approximate number of full days spent outside Ireland:

2011 \_\_\_\_\_ 2012 \_\_\_\_\_ 2013 \_\_\_\_\_ 2014 \_\_\_\_\_ 2015 \_\_\_\_\_

If you have spent significant time in another country or have just moved here we need to know more about your residency situation:  
Please provide (where relevant) your entry date \_\_\_\_/\_\_\_\_/\_\_\_\_ to Ireland and exit / proposed exit date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Working Abroad** If you have worked abroad in the last 4 years and paid any tax there please provide details:

Country \_\_\_\_\_ Date started work \_\_\_\_/\_\_\_\_/\_\_\_\_ Date finished work \_\_\_\_/\_\_\_\_/\_\_\_\_

## INCOME SECTION

If you received income from the following sources, please tick where appropriate:

tax year	2011	2012	2013	2014	2015
Employment Income	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many employers did you have in the year?					
What was your primary occupation each year?					
Jobseeker's Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Social Welfare Payments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please state what the other social welfare payment(s) were related to \_\_\_\_\_

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## INCOME SECTION

Please indicate if you had any other sources of income (eg. rental income, dividend income, deposit interest, foreign income, etc.)

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

If yes, please provide details.

**NOTE:** In order to expedite your application, please send any Payment Form(s) you may have in respect of your employment - eg P60/P45/ IL/USC certificates to [irishdocuments@taxback.com](mailto:irishdocuments@taxback.com). If you don't have them don't worry, you can still claim your refund without them.

## TAX CREDITS AND EXPENSES

**Tax credits and expenses may significantly increase your refund.**

**Rental Credit:** Please provide details for each tenancy in the last 4 years. If you only started renting after 07/12/2010 you will not be eligible for Rent Tax Credit

### Tenancy 1

Tenancy start date \_\_\_\_/\_\_\_\_/\_\_\_\_

Tenancy finish date \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly rent paid €

Landlord/ Estate agent name

Landlord's PPS Number

Landlord/ Estate agent address

Address of rented property

### Tenancy 2

Tenancy start date \_\_\_\_/\_\_\_\_/\_\_\_\_

Tenancy finish date \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly rent paid €

Landlord/ Estate agent name

Landlord's PPS Number

Landlord/ Estate agent address

Address of rented property

### Tenancy 3

Tenancy start date \_\_\_\_/\_\_\_\_/\_\_\_\_

Tenancy finish date \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly rent paid €

Landlord/ Estate agent name

Landlord's PPS Number

Landlord/ Estate agent address

Address of rented property

**Note:** in case you had more than 3 tenancies in the last 4 years, please provide details on different page

## TAX CREDITS AND EXPENSES CONTINUED

tax year	2011	2012	2013	2014	2015
Were you a full medical card holder during the years ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the medical card number _____					
Have you paid service charges (i.e. bin charges) ? (Service charges are based on the previous tax year spend.)	€	€	n/a	n/a	n/a

# IRELAND TAX REFUND

## TAX REFUND PACK FOR SINGLE INDIVIDUAL

**For any of the below expenses and credits you wish to claim, please attach receipts or any supporting documentation.**

Did you pay tuition fees to any educational institute during the years? <i>(paid for yourself or a dependant relative)</i>	€	€	€	€	€
Receipts available*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type: Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Name of the educational institute				
Name of the course					
Did you incur any medical expenses during the years? (i.e. doctors' fees, prescribed medicines, diagnostic procedures, physiotherapy, a&e etc) <i>*If you have already claimed your medical expenses with your medical insurance provider you may be due an additional refund on the portion not refunded to you.</i>	€	€	€	€	€
Receipts available*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

tax year	2011	2012	2013	2014	2015
Did you incur any non routine dental expenses during the years? (eg root canals, crowns, orthodontic treatments)	€	€	€	€	€
Med 2 Form available*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please indicate if Medical Insurance / other scheme reimbursed any of the medical expenses above	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Enter Amount	€	€	€	€	€
Did your employer make any contribution towards your medical insurance costs as a benefit-in-kind during the years?	€	€	€	€	€
Letter from your employer available*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay into a private pension that is completely separate to pension payments made through payroll?	€	€	€	€	€
Receipts or annual statement available*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**\*IMPORTANT NOTE:** We will need evidence (ie receipts) to support your claim. If you cannot gather this information, you can avail of the taxback.com document retrieval service.

**Don't hold up your Application:** If you cannot send receipts with this pack, don't worry, while you get your receipts together, we can move forward with the application and can request authorisation to view your pay and tax details and then provide you with an estimation. Alternatively you can use the taxback.com Document Retrieval Service.

Were you a single parent during? <i>(the children must stay with you at least part of the year and you should not be living with a partner)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you a stay-at-home parent during?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many dependant children did you have in the tax year?					
Did you take care of a dependant relative?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide separately the Name, PPS and DOB of the child/children or dependant relative as it will enable to claim additional credits and increase your refund.

**OTHER INFORMATION that might be relevant for the application:**