

CLAIM FOR HOME CARER TAX CREDIT



Claimant's Details

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Address
(include Eircode)

PPSN

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Tax year for which you are making a claim

Y	Y	Y	Y
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Home Carer's Details

Name of Home Carer

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PPSN (if known)

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Estimated income or income earned* (if any) up to the 31 December

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Type of Income

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*Do not include the Carer's Allowance payable by the Department of Social Protection.

Details of Dependant(s) cared for

	Child's Name	Date of Birth	PPSN																	
(a) Child(ren) for whom Social Protection Child Benefit is payable	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
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D	D	M	M	Y	Y															

	Dependant's Name	Date of Birth	PPSN																	
(b) Person(s) aged 65 years or over	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
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D	D	M	M	Y	Y															

	Dependant's Name	Nature of Incapacity	PPSN													
(c) Permanently Incapacitated Person(s)	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
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Tick here to confirm that the person(s) listed above reside(s) with you, or in the case of relative(s), live(s) nearby.

Please see overleaf

