

PERSONAL DETAILS

1 - Insert in the box to indicate your civil status:

If your personal circumstances changed in 2016 insert in the box to indicate your previous status and state date of change:

- (a) Single
- (b) Married
- (c) In a Civil Partnership
- (d) Married but living apart
If wholly or mainly maintaining your Spouse insert in the box
- (e) In a Civil Partnership but living apart
If wholly or mainly maintaining your Civil Partner insert in the box
- (f) Widowed
- (g) A Surviving Civil Partner
- (h) Divorced
- (i) A former Civil Partner

- Single Married In a Civil Partnership
- Widowed Surviving Civil Partner
- Married but living apart In a Civil Partnership but living apart
- Divorced Former Civil Partner
- Date of Marriage or Civil Partnership (DD/MM/YYYY)
- Date of Separation or Divorce (DD/MM/YYYY)
- Spouse's or Civil Partner's date of death (DD/MM/YYYY)

If married or in a civil partnership, insert in the box to indicate basis of assessment applicable for 2016:

- Joint Assessment
- Separate Assessment
- Single Treatment

If you wish to claim Widowed Person or Surviving Civil Partner with Qualifying Child Tax Credit state date of death of your spouse or civil partner (DD/MM/YYYY)

State the number of Qualifying Children

Legally enforceable maintenance arrangements - See Panel 18 on page 7, Panel 21 on page 7 and Panel 44 on page 9

Spouse's or civil partner's details

Name

PPS No.

Self **Spouse or Civil Partner**

State your/your spouse's or civil partner's Date(s) of Birth (DD/MM/YYYY)

In the year 2016, insert in the box(es) if you or your spouse or civil partner were:

- Non-resident
- Not ordinarily resident
- Not domiciled

Insert in the box(es) if you or your spouse or civil partner were a holder of a Full Medical Card or had entitlement to one under EU Regulations at any time during the year (a **GP Only** Card does not qualify as a **Full** Medical Card)

In 2016 if you and/or your spouse or civil partner were resident in another Member State of the European Communities (EC) insert in the box(es)

2 - Non-Proprietary Directorships

List all Non-Proprietary Directorships in respect of you and/or your spouse or civil partner and state the percentage shareholding in each Company

Self	(%)	Spouse or Civil Partner	(%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PPS Number

Any panel(s) or section(s) that do not require an entry should be left blank

PROPERTY RELIEF SURCHARGE - S. 531AAE

Self

Spouse or Civil Partner

26 - (a) If your aggregate income for the 2016 tax year is €100,000 or more, insert in the box(es) and complete line (b)
 (b) Amount of specified property reliefs used in 2016 .00 .00

FOREIGN INCOME (DIVIDENDS, EMPLOYMENTS, PENSIONS, RENTS, ETC.)

All amounts should be in Euro. Include details of any scrip dividends received from non-resident companies in the appropriate panel.

Self

Spouse or Civil Partner

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 & 30), 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 attributable to the performance OUTSIDE the State of such employments (on which Transborder Relief is not claimed)

Gross amount of foreign salary .00 .00
 Foreign tax deducted (if any, and not refundable by foreign tax authorities) .00 .00

34 - Foreign Rental Income

Number of Foreign properties let

Income from **Foreign Rents** (enter gross amount receivable) .00 .00
 Amount of expenses relating to this income (excluding interest) .00 .00
 Amount of Allowable Interest .00 .00
 Net profit on Foreign Rental properties .00 .00
 Capital Allowances (including Capital Allowances forward) .00 .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 .00 .00

Amount of Foreign tax deducted .00 .00
 Foreign rental losses may be offset **only** against foreign rental profits

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

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	Self	Spouse or Civil Partner
Amount of AVC Contributions already relieved under the net pay arrangement in 2016	.00	.00
Amount of ordinary contributions already relieved under the net pay arrangement for 2016	.00	.00
Amount carried forward from a prior year, for which relief has not been obtained	.00	.00
Amount paid between 1/1/2017 and 31/10/2017 for which relief has not already been granted and for which relief is being claimed for 2016	.00	.00
Total amount of AVC Relief claimed in 2016	.00	.00

47 - Personal Retirement Savings Accounts (PRSAs)

Only complete Panel 47 if you, or your employer on your behalf, made PRSA contributions.

If you have made PRSA contributions, insert in the box(es) to indicate the type of Certificate received from the Provider and give the details requested below

PRSA 1 Certificate	<input type="checkbox"/>	<input type="checkbox"/>
PRSA 1 (Net Pay) Certificate	<input type="checkbox"/>	<input type="checkbox"/>
(Note that amounts contributed by your employer on your behalf to a PRSA should also be included in Panel 11 on Page 5)		
If you are a Specified Sports person (Schedule 23A) insert <input checked="" type="checkbox"/> in the box(es)	<input type="checkbox"/>	<input type="checkbox"/>
If you are a member of a pre-Approved pension scheme insert <input checked="" type="checkbox"/> in the box(es)	<input type="checkbox"/>	<input type="checkbox"/>
Total amount paid in 2016 (for which relief has not been claimed or granted in 2015)	.00	.00
Amount of PRSA contributions already relieved under the net pay arrangement in 2016	.00	.00
Amount carried forward from a prior year, for which relief has not been obtained	.00	.00
Amount paid between 1/1/2017 and 31/10/2017 for which relief has not already been granted and for which relief is being claimed for 2016	.00	.00
Amount contributed by your employer on your behalf to a PRSA	.00	.00
Total amount of PRSA Relief claimed in 2016	.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 Sports person (Schedule 23A) insert <input checked="" type="checkbox"/> in the box(es)	<input type="checkbox"/>	<input type="checkbox"/>
If you are a member of a Pre-Approved Pension Scheme insert <input checked="" type="checkbox"/> in the box(es)	<input type="checkbox"/>	<input type="checkbox"/>
Total amount paid in 2016 (for which relief has not been claimed or granted in 2015)	.00	.00
Amount of RAC Contributions already relieved under the net pay arrangement in 2016	.00	.00
Amount carried forward from a prior year, for which relief has not been obtained	.00	.00
Amount paid between 1/1/2017 and 31/10/2017 for which relief has not already been granted and for which relief is being claimed for 2016	.00	.00
Total amount of RAC Relief claimed in 2016	.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 2016	.00	.00
Amount paid between 1/1/2017 and 31/10/2017 for which relief has not already been granted and for which relief is being claimed in 2016	.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 2016	.00	.00

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50 - Interest Relief on Certain Unsecured Home Loans

Self

Spouse or Civil Partner

In respect of **interest paid** on unsecured Home Loans used for the purchase, repair, development or improvement of your **main residence**, taken out between 1/1/2004 and 31/12/2012, and interest paid on unsecured home loans which qualifies for relief under section 9 Finance Act 2013, complete the following:

- (a) Insert in the box(es) to confirm interest claimed at (f) below is not in respect of a secured home loan (mortgage) taken out with a lending provider in the State
- (b) Enter date loan taken out (DD/MM/YYYY) / /
- (c) Enter expiry date of loan (DD/MM/YYYY) / /
- (d) If you received Tax Relief at Source (TRS) in respect of another loan in 2016, state the amount of interest on which TRS relief granted .00 .00
- (e) Insert in the box(es) if you are entitled to first-time buyer relief (that is, in the first seven years of entitlement to relief)
- (f) State the amount of interest paid in 2016 (excluding interest at (d) above) .00 .00
- (g) State the number of tax years (1-6) prior to 2016 you were entitled to first-time buyer relief
- (h) Insert in the box(es) if the interest at (f) was paid on a loan taken out between 1/1/2004 and 31/12/2008 to purchase your first qualifying residence, or subsequent qualifying residence, where your first qualifying residence was purchased on or after 1/1/2004

51 - Bridging Loan Interest

Date loan taken out (DD/MM/YYYY) / /

Amount of qualifying bridging loan interest for this year .00 .00

CLAIM FOR TAX CREDITS, ALLOWANCES AND RELIEFS FOR THE YEAR 2016

(Note: All tax credits, allowances, and reliefs you are entitled to for 2016 must be claimed on this form)

52 - Home Carer Tax Credit

Insert in the appropriate box to indicate the dependant (other than the spouse or civil partner of the claimant) for whom care is being provided:

Child Permanently Incapacitated Individual
 Individual aged 65 or over Dependent relative living within 2km of claimant

53 - Employee Tax Credit

Self

Spouse or Civil Partner

Insert in the box(es) if claimed

54 - Earned Income Tax Credit

Insert in the box(es) if claimed

55 - Allowable Deductions incurred in Employment

Nature of Employment	<input type="text"/>	<input type="text"/>
Expenses	<input type="text"/> .00	<input type="text"/> .00
Superannuation Contributions (where not deducted by employer)	<input type="text"/> .00	<input type="text"/> .00
Total	<input type="text"/> .00	<input type="text"/> .00

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

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 Ophthalmic Surgeon stating that you or your spouse or civil partner have impaired vision to the extent that your central visual acuity does not exceed 6/60 in the better eye with correcting lenses, or that the widest diameter of the visual field subtends an angle no greater than 20 degrees. It is not necessary to forward this certificate with your claim.

57 - Guide Dog Allowance

Number of Guide Dogs maintained by you.

To qualify for this allowance you must hold a letter from the Irish Guide Dogs for the Blind confirming you are a registered owner. It is not necessary to forward this letter with your claim.

58 - Dependent Relative Tax Credit

Number of Dependent Relatives

Dependent Relative tax credit is not due if your relative's income exceeded €14,060 in the year 2016 or if this tax credit is being claimed in full by another person.

59 - Single Person Child Carer Credit, Widowed Person or Surviving Civil Partner, Incapacitated Child, Increased Exemption - Qualifying Children

If you wish to claim any of these tax credits, insert in the appropriate box(es) and enter the details requested below

- (a) Single Person Child Carer Credit* (b) Widowed Person or Surviving Civil Partner with Qualifying Child Tax Credit
 (c) Increased Exemption for Qualifying Children

Child's Name	Date of Birth (DD/MM/YYYY)	Name of school if receiving full-time education when the permanent incapacity arose, or name of employer if receiving full-time training that was expected to last for 2 years.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Single Person Child Carer Credit may not be claimed by a person qualifying for the married person or civil partner tax credit, or a co-habiting couple. Claimants must complete Form SPCC1 or SPCC2 with a first claim. See www.revenue.ie for further information.

(d) Incapacitated Child Tax Credit

Note: To qualify for this credit a medical practitioner must sign a separate form (claim for incapacitated child tax credit) confirming that the child is permanently incapacitated. That form must be retained for six years, following each year in which the credit is claimed (in line with S. 886A)

Child's Name	Date of Birth	PPS No.	The nature of the incapacity	Is the incapacity permanent? Insert <input checked="" type="checkbox"/>	
				Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

60 - Employing a Carer

If you, your spouse or civil partner or a relative were permanently incapacitated by reason of mental or physical infirmity and you **employed** a carer insert in the appropriate box(es).

For whom was the carer employed? Self Spouse or Civil Partner Relative

Net cost of **employing** a carer in the year 2016 (after deducting any payments received from Health Service Executive, etc.)

Self	Spouse or Civil Partner
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

61 - Permanent Health Insurance (if not deducted from Gross Pay by Employer) - Note that this is not Health/Medical Insurance

Name of Insurer

Amount paid in the year 2016

Self	Spouse or Civil Partner
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

62 - Medical Insurance

State the gross amount of premium paid in the period 1 January 2016 to 31 December 2016 for which tax relief was **not** granted at source **or if your employer paid medical insurance premiums on your behalf** to an authorised insurer (for example VHI, Laya Healthcare, Irish Life Health, etc.):

Self	Spouse or Civil Partner
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Adults covered by the policy

Name	Amount	Name	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child(ren) (if any) covered by the policy

A child for the purposes of this tax relief means an individual under the age of 18 years or, if over 18 years and under the age of 23 years, is receiving full-time education and in respect of whom a child premium is paid.

Child's Name	Date of Birth (DD/MM/YYYY)	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount of any contribution made by you

Self	Spouse or Civil Partner
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Date in 2016 the policy was renewed or entered into

Self	Spouse or Civil Partner
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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70 - Seafarer Allowance

Name of employer

Self

**Spouse or
Civil Partner**

Number of days spent at sea in 2016

71 - Transborder Relief

To claim Transborder Relief an individual must be an Irish Resident, hold the foreign employment for a continuous period of at least 13 weeks in a country with which Ireland has a Double Taxation Agreement and he / she must be present in the State for at least one day in each of those weeks.

Country in which employment took place

If you are claiming Split-Year Treatment insert in the box(es)

Amount of salary on which you are claiming Transborder Relief

72 - Health Expenses

(Note to complete and submit a form Med 1 if you have not already done so)

State the amount of Health Expenses claimed for the year 2016 (excluding Relief for Nursing Home expenses)

State the amount of Nursing Home Expenses claimed for the year 2016

73 - Rent Tax Credit

(not due unless claimant was, on 7/12/2010, paying rent under a tenancy)

I confirm that I was paying rent under a tenancy on 7/12/2010. Insert in the box(es)

Address of rented property (include Eircode)

Rent payable to (insert in the appropriate box(es))

Private Landlord

Business

Agent

Non-Resident Landlord

Name of Landlord/Business/Agent

Address of Landlord/Business/Agent (include Eircode, if known)

Tax Registration Number of Landlord (e.g. PPS Number, if known)

Date Tenancy Commenced (DD/MM/YYYY)

Amount of rent paid in 2016

If rent is payable to a non-resident landlord, state the amount of Irish tax withheld from the rent paid in 2016. See Panel 42 on page 9.

74 - Home Renovation Incentive (HRI)

Tax credit due for 2016 based on your HRI online claim

75 - Help to Buy (HTB) Incentive

A claim for a refund in respect of the Help to Buy (HTB) incentive for purchased/self-built residential property between 19 July 2016 and 31 December 2016 must be made online. See www.revenue.ie for further information.

76 - Revenue Job Assist

This scheme has ended for all employments commencing on or after 1 July 2013.

Name of Employer

Year of Claim - insert in the appropriate box(es):

Year 1

Year 1

Year 2

Year 2

Year 3

Year 3

Where you are claiming an additional allowance for qualifying child(ren), state:

Self

**Spouse or
Civil Partner**

Child's Name

Date of Birth (DD/MM/YYYY)

Child's Name

Date of Birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CAPITAL ACQUISITIONS IN 2016

Self

Spouse or Civil Partner

77 - If you received a gift or an inheritance in 2016, insert in the box(es)

Note: Where the value of a gift or an inheritance, when added to the value of prior aggregable benefits (if any) received on or after 5 December 1991 within the same group, exceeds 80% of the relevant threshold, a Capital Acquisitions Tax return must be made.

A gift is treated as having been received on the date of the gift. An inheritance is treated as having been received on the date of death of a person.

The information given above does not satisfy a requirement to file a Capital Acquisitions Tax return (Form IT 38). If you need help in completing a Form IT 38, you should consult Leaflet IT 39 Guide to Completing the Gift/Inheritance Tax Self-Assessment Return. Completed Form IT 38 should be sent to the Collector-General's Division. Form IT 38 and Leaflet IT 39 are available at www.revenue.ie/en/tax/cat/index.html. Form IT 38 can be filed on ROS (Revenue Online Service) and this is the quickest and most efficient method of filing.

CAPITAL GAINS AND CHARGEABLE ASSETS

78 - Capital Gains Tax for the year 1 January 2016 – 31 December 2016

Give details of all disposals (by sale, exchange, gift or otherwise) of chargeable assets, e.g. land, shares, paintings, antiques, etc. made by you or your spouse or civil partner in the year 2016.

Self

Spouse or Civil Partner

Chargeable Gain(s) (excluding Foreign Life Policies)

										.00
										.00
										.00
										.00
										.00

										.00
										.00
										.00
										.00
										.00

Previous Gain(s) Rolled-over (now chargeable)

Net Loss(es) in 2016

Unused Losses from prior year(s)

Personal Exemption (max €1,270 per spouse or civil partner & non transferable)

Note: losses, including losses forward must be used first

Net Chargeable Gain (excluding Foreign Life Policies)

Net Chargeable Gain on Foreign Life Policies

Unused Losses for carry forward to 2017

										.00
										.00
										.00
										.00
										.00

										.00
										.00
										.00
										.00
										.00

If you have an overall Capital Gains Tax loss in 2016 there is no need to complete the sections below.

In respect of net chargeable gains that arose in the period 1 January 2016 to 30 November 2016

Self

Spouse or Civil Partner

(a) Enter amount of net gain to be charged @ 33%

										.00
--	--	--	--	--	--	--	--	--	--	-----

										.00
--	--	--	--	--	--	--	--	--	--	-----

(b) Enter amount of net gain to be charged @ 40% (excluding Foreign Life Policies)

										.00
--	--	--	--	--	--	--	--	--	--	-----

										.00
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(c) Enter amount of net gain on Foreign Life Policies to be charged @ 40%

										.00
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										.00
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In respect of net chargeable gains that arose in the period 1 December 2016 to 31 December 2016

Self

Spouse or Civil Partner

(a) Enter amount of net gain to be charged @ 33%

										.00
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										.00
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(b) Enter amount of net gain to be charged @ 40% (excluding Foreign Life Policies)

										.00
--	--	--	--	--	--	--	--	--	--	-----

										.00
--	--	--	--	--	--	--	--	--	--	-----

(c) Enter amount of net gain on Foreign Life Policies to be charged @ 40%

										.00
--	--	--	--	--	--	--	--	--	--	-----

										.00
--	--	--	--	--	--	--	--	--	--	-----

Double Taxation Relief

If you wish to claim relief for foreign tax in respect of a disposal that gives rise to a liability to capital gains tax shown above, provide the following information in respect of each such foreign disposal. All amounts should be in Euro.

Country	Amount of gain	Amount of foreign tax for which relief is now claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

