



MARKET CLAIM PAYMENT FORM

Name of Q.I./Brokerage Firm:-

Address of Q.I./Brokerage Firm:-

Irish Tax Reference Number (if relevant): _____ Period under review:- _____ to _____

Total amount of DWT payable by the Q.I./Brokerage Firm:- € _____ (A)

Net amount to be paid by the Q.I./Brokerage Firm(after offsets) :- € _____ (B)
 (note - The amounts at A and B may be the same)

- I declare on behalf of the Q.I./Brokerage Firm that the amounts stated at **A & B** are correct.
- I further declare that there is documentary evidence to substantiate these amounts and that this evidence will be made available to the Revenue Commissioners for inspection, when requested to do so in writing by the Revenue Commissioners.
- I declare that the Q.I./Brokerage Firm has accounted for DWT for which it was required to account in respect of all previous market claim transactions.

PAYMENT ONLY

- I enclose the amount outlined at **B** and have completed the payslip at the end of this form.

For official use only

hrpdecpt
PAYMENT REFERENCE No.

Signed:- _____ (declarant)

Title:- (Mr./Ms. etc.) _____

Relationship to the Q.I./Brokerage Firm:- _____

Date:- ____ / ____ / ____

NAME OF Q.I./BROKERAGE FIRM:

DWT PAYSLIP

CORPORATION TAX
 REGISTRATION No.: _____
 (where relevant)



Revenue



For: COLLECTOR-GENERAL,
 DIVIDEND WITHHOLDING TAX
 SECTION,
 OFFICE OF THE REVENUE
 COMMISSIONERS,
 ST. CONLONS ROAD, NENAGH,
 CO. TIPPERARY

PAYMENT DATE: d d m m y y y y

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I DECLARE THAT THE AMOUNT SHOWN BELOW IS THE AMOUNT I AM LIABLE TO REMIT TO THE COLLECTOR GENERAL.

SIGNED _____

DATE _____

	€	C
CASH		
CHEQUES		
TOTAL		