

Form RJA1 - PART 1**REVENUE JOB ASSIST**

This part to be completed by employee

Name PPS No. Address Spouse or Civil Partner's name Spouse or Civil Partner's PPS No. Marital or Civil Status. Tick Married or in a Civil Partnership Single Widowed or surviving Civil Partner Separated, Divorced or Dissolved Civil Partnership**SOCIAL WELFARE DETAILS** (must be completed in all cases)

Complete the following in relation to any Social Welfare payment(s) you were in receipt of over the last 12 months (or 3 years if you were on Illness Benefit, or a continuous period of 1 year if you were on Invalidity Benefit).

Payment Type From To Payment Type From To **FÁS DETAILS** (if you were not on a FÁS Scheme leave blank)Tick whichever of the following apply and enter the relevant dates:FÁS non-apprenticeship course Community Employment Scheme From To From To Job Initiative programme Back to Education Scheme From To From To State the address of the FÁS office with which you were dealing: **Prisoners** If you were in prison for any period over the last two years statePeriod of Imprisonment From To **CHILD TAX ALLOWANCE** (only complete if you are claiming an additional tax allowance for children)

Name of Child	Date of Birth	PPS number of each qualifying child
<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"/>

Is any other person(s) entitled to claim for the same child(ren) under this scheme? Yes No If yes, state:Name of Person Relationship to child(ren) PPS No. The yearly amount contributed by you towards the maintenance of the child(ren) € .00The yearly amount(s) contributed by others towards the maintenance of the child(ren) € .00

The child tax allowance will be split on the basis of amounts contributed towards the maintenance of the child(ren). However, if you wish to have the child tax allowance split between you in any other way please give details here.

To be allocated to self € .00 To be allocated to others € .00**CLAIM DETAILS** (must be completed in all cases)

In relation to this job, are you benefiting from any other employment scheme (e.g. Back to Work Allowance Scheme)?

Yes No If the answer is yes, please give details Do you wish to start claiming the credit in (tick) Current tax year Next tax year **NOTE:** A claim to tax relief must be made within 4 years after the end of the tax year to which the claim relates. Tax refunds can be paid by cheque to your address or by direct transfer to your Irish bank account.**DECLARATION** (must be completed in all cases)

I declare that all of the particulars given by me on this form are correct to the best of my knowledge and belief.

Signature Date Daytime Telephone No. E-mail Address

Have Part 2 (overleaf) completed by your employer

