Form 54 Claims

Income Tax - Repayment Claim for the year 2016





Name and address	Your PPS Number			
	Remember to quote your PPS Number in			
	any communication with your Revenue office (address available from "Contact Locator" on www.revenue.ie)			
	Locating Your PPS Number			
	If you have misplaced or forgotten your PPS number, please note that it can be found on any documentation you may have received			
	from the Department of Social Protection, e.g. Public Services Card,			
If you have completed Declaration form(s) to claim DIRT Exempt status in relation to DIRT-free deposit account(s) in 2016 insert ⊠ in the box	Drugs Payment Card or European Health Insurance Card, or from the Revenue Commissioners or your employer, e.g. Tax Credit Certificate, P60 or P45.			
deposit account(s) in 2010 insert is in the box	Return address			
Hee any any alone and posite "Freemast"				
Use any envelope and write "Freepost" above the Return Address.				
You do not need to attach a stamp.				
Notes				
1. This form should be used to claim a repayment of income tax deducted f retention tax (DIRT), dividend withholding tax (DWT), etc.). If you need a	· · · · · · · · · · · · · · · · · · ·			
2. If you have already made a claim for the year ended 31 December 2016				
3. This form may be used by: - an individual,- a person acting under the authority of an inc	dividual (tax adviser, etc.).			
- an executor or administrator of a deceased	individual (in finalising pre-death tax affairs), or			
 a committee, guardian, trustee, etc. of a mir Where the return is made on behalf of another (e.g. as agent, guardian, 	nor (child under 18) or an incapacitated person. trustee, etc.) state the capacity on the DECLARATION below.			
4. You can claim a refund of Deposit Interest Retention Tax (DIRT) if yo	ou and/or your spouse or civil partner were either:			
- aged 65 years or over before 1 January 201 - if under 65. permanently incapacitated by m	I7, or nental or physical infirmity from maintaining yourself,			
and you were exempt from tax or your tax credits/reliefs exceeded your	income in the year 2016.			
Exemption Limits: You are exempt from tax for the year 2016 if you are (i.e. gross income less certain deductions) is below the following amount	· · · · · · · · · · · · · · · · · · ·			
Single, Widowed or a Surviving Civil Partr	ner €18,000			
Married Couple or Civil Partners (Combine These limits are increased by €575 each for the first and second depend				
These limits are increased by €575 each for the first and second dependent child and €830 for each subsequent dependent child. Where income is not greatly above the exemption limit marginal relief may apply. Note that the marginal relief tax rate only applies to persons 65 years of age or over.				
5. This form is suitable for persons under 65 years of age where their tax				
If you have completed Declaration form(s) in relation to DIRT-free deposi in the period 1 January 2016 to the date your account(s) became DIRT-f				
YOU MUST SIGN THIS DECLARATION				
I DECLARE that, to the best of my knowledge and belief, this form contains				
Taxes Consolidation Act (TCA) 1997 of all the sources of my income and the all disposals of chargeable assets in the year 2016.	e amount of income derived from each source in the year 2016, and			
I DECLARE that, to the best of my knowledge and belief, all the particulars	given as regards tax credits and reliefs claimed and as regards			
outgoings are correctly stated.	D-1- (DD/MMANOON)			
Signature	Date (DD/MM/YYYY)			
Address	Telephone			
Eircode Canacitation which the action is made.	for			
Capacity in which the return is made (see Note 3 above)	for			
If the claim is on behalf of a minor, state minor's date of birth (DD/MM/YYY)	Y)			

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Statement of Income for the year 2016

INCOME						
Describe each source of income in detail, for example: *Old Age Contributory Pension, Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension, Illness/Jobseeker's Benefit, Foreign Pensions (e.g. UK DWP Pension, US Pension), Annuity/Covenant, Deposit Interest, Rents (excluding rents eligible for "Rent-a-Room Relief"), Farming, Fees, Maintenance Payments (under enforceable arrangements), etc. If married or in a civil partnership and jointly assessed, include the income of both yourself and your spouse or civil partner and specify whether the source applies to "Self", "Spouse"	Gross Income before tax. (For distributions show the total of the distribution and the dividend withholding tax.)	Tax deducted or dividend withholding tax as appropriate				
or "Civil Partner".	€	€				
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
You must retain (for six years) any certificates or vouchers of tax deducted as appropriate (such as DIRT certificates, Form R185, dividend counterfoils, etc.)						
*Social Welfare Payments, Benefits or Pensions Social Welfare pensions include a basic amount plus an increase where the claimant has an a Enter the total amount (i.e. basic amount plus adult dependant increase): In the "Self" column where your spouse or civil partner is the dependant for social well-credit.	fare purposes. In this cas					
 In the "Spouse or Civil Partner" column where you are the dependant for social welfare purposes. In this case your spouse or civil partner is due the PAYE credit. 						
Claim for Tax Credits for the year 2016						
Personal Tax Credit Insert ⊠ in the appropriate box to indicate for 2016 if you were:						
Single Married Midowed Married but li	iving apart	Divorced				
In a Civil Partnership A Surviving Civil Partner In a Civil Pathology but living ap	- 1	Former Civil Partner				
If married or in a civil partnership, state spouse's or civil partner's name (if living with you or maintained by you)						
Date of marriage or civil partnership, if after 31 December 2015 (DD/MM/YYYY)		/				
If widowed or a surviving civil partner, state date of spouse's or civil partner's death (DD/MM/)	YYYY)					
If separated, divorced or in a civil partnership which has been dissolved, state date of separation, divorce or dissolution of the civil partnership (DD/MM/YYYY)						
Increased Exemption/Dependent Children (see Note 4 on page 1)						
State number of Dependent Children						
Permanently Incapacitated Insert ☑ in the box(es) to indicate for 2016 if you and/or your spouse or civil partner were Permanently Incapacitated (if this is your first claim under this heading attach a medical certificate outlining the nature and extent of your incapacity)	SELF	SPOUSE or CIVIL PARTNER				
Age Tax Credit						
If either you or your spouse or civil partner were born before 1 January 1952 state date of birth (DD/MM/YYYY)						

FORM 54 CLAIMS 2016

Rent-a-Room Relief Scheme

	vear 2016. SELF	SPOUSE or CIVIL PARTNER
If you are due Rent-a-Room Relief state the amount of gross rental income received in the year 2016	€	€
Do not include this amount in any rental income figure on page	e 2.	
Childcare Services		
An exemption may be claimed in respect of Childcare Service conditions are met.	s where the income received in 2016 d	oes not exceed €15,000, and certain SPOUSE or CIVIL PARTNER
Income received for Childcare Services before expenses (Section 216C TCA 1997)	€	€
Insert ⊠ in the box if you wish to claim an exemption for Childcare Services income		
Charges, etc. on Income (Annuities, Nor Rent Payable to a Non-Resident	Maintenance Payments, Co	ovenants, etc.)
Type of payment	Insert ⊠ in the box	k if tax deducted by you
To whom paid (Name & Address, include Eircode (if known))	Relationship, if any	, to you
Gross Amount Paid (before deduction of tax, if applicable)		€
Other Tax Credits/Reliefs for the year	2016	
-	2010	
If you wish to claim any other tax credit(s)/relief(s) listed below in the box below. You must retain any supporting documents, for examination.	insert the description of the tax credit/re	•
in the box below. You must retain any supporting documents, for examination. Non-reimbursed Health Expenses	insert the description of the tax credit/re	nem if your claim is chosen for a detailed
in the box below. You must retain any supporting documents, for examination. Non-reimbursed Health Expenses (Attach completed Form Med 1)	insert the description of the tax credit/ror six years, as you may be asked for the Home Carer Tax C	nem if your claim is chosen for a detailed
in the box below. You must retain any supporting documents, for examination. Non-reimbursed Health Expenses	insert the description of the tax credit/ror six years, as you may be asked for the Home Carer Tax C	nem if your claim is chosen for a detailed Credit or Surviving Civil Partner Tax Credit
in the box below. You must retain any supporting documents, for examination. Non-reimbursed Health Expenses (Attach completed Form Med 1) Rent paid for private residential accommodation (Attach completed Form Rent 1) Dependence on the services of your son	insert the description of the tax credit/represent six years, as you may be asked for the Home Carer Tax Community Widowed Person	nem if your claim is chosen for a detailed Credit or Surviving Civil Partner Tax Credit Credit
in the box below. You must retain any supporting documents, for examination. Non-reimbursed Health Expenses (Attach completed Form Med 1) Rent paid for private residential accommodation (Attach completed Form Rent 1)	insert the description of the tax credit/represent six years, as you may be asked for the Home Carer Tax Community Widowed Person Blind Person's Tax	rem if your claim is chosen for a detailed Credit or Surviving Civil Partner Tax Credit Credit Benefit
in the box below. You must retain any supporting documents, for examination. Non-reimbursed Health Expenses (Attach completed Form Med 1) Rent paid for private residential accommodation (Attach completed Form Rent 1) Dependence on the services of your son or daughter by reason of old age or illness	insert the description of the tax credit/repressive years, as you may be asked for the Home Carer Tax (Widowed Person Blind Person's Tax Permanent Health Retirement Annuit	rem if your claim is chosen for a detailed Credit or Surviving Civil Partner Tax Credit Credit Benefit
in the box below. You must retain any supporting documents, for examination. Non-reimbursed Health Expenses (Attach completed Form Med 1) Rent paid for private residential accommodation (Attach completed Form Rent 1) Dependence on the services of your son or daughter by reason of old age or illness of yourself or your spouse or civil partner Dependent Relative Tax Credit Incapacitated Person -	insert the description of the tax credit/repressive years, as you may be asked for the Home Carer Tax (Widowed Person Blind Person's Tax Permanent Health Retirement Annuit	credit or Surviving Civil Partner Tax Credit c Credit Benefit y Contract (RAC)
in the box below. You must retain any supporting documents, for examination. Non-reimbursed Health Expenses (Attach completed Form Med 1) Rent paid for private residential accommodation (Attach completed Form Rent 1) Dependence on the services of your son or daughter by reason of old age or illness of yourself or your spouse or civil partner Dependent Relative Tax Credit	insert the description of the tax credit/repressive years, as you may be asked for the Home Carer Tax Control Widowed Person Blind Person's Tax Permanent Health Retirement Annuit Personal Retirement Tuition Fees Main residence lo	credit or Surviving Civil Partner Tax Credit c Credit Benefit y Contract (RAC)

Capital Gains

Capital Gains for the year 1 January 2016 - 31 December 2016

If you or your spouse or civil partner disposed of any chargeable assets in the year 2016 give the following information:

Description of Asset (see Note 1 below)		SELF	SPOUSE or CIVIL PARTNER			
2.	Sale proceeds	€	€			
3.	Insert ⊠ in the box if asset was your Principal Private Residence					
4.	Insert ⊠ in the box if you are claiming full relief from Capital Gains Tax on the disposal of a Principal Private Residence					
Ca	pital Gains Notes:					
1. If the chargeable asset was not your Principal Private Residence, for example if you or your spouse or civil partner disposed of land or shares during the year, and a chargeable gain arose you should complete Form CG1 (see Note 2 below).						
2. Form CG1 together with information leaflets CGT1 - <i>Guide to Capital Gains Tax</i> and CGT 2 - <i>Capital Gains Tax</i> - <i>A Summary of the Main Features</i> are available on Revenue's website www.revenue.ie or from Revenue's Forms & Leaflets service by phoning LoCall 1890 306 706 (ROI only) or + 353 1 702 30 50 (if calling from outside ROI).						
Р	Please note that the rates charged for the use of 1890	0 (LoCall) numbers may vary among different	t service providers.			
	4-Year Time Limit					
4-ye	ear time limit: A claim for tax relief must be made wi	ithin four years after the end of the tax year to	o which the claim relates.			
	Bank Details					
Plea	ase supply your bank account details to enable Reve	enue to transfer your repayment to your bank	account.			
	gle Euro Payments Area (SEPA)					
Account numbers and sort codes have been replaced by International Bank Account Numbers (IBAN) and Bank Identifier Codes (BIC). These numbers are generally available on your bank account statements. Further information on SEPA can be found on www.revenue.ie .						
	not possible to make a refund directly to a foreign ba					
Inte	ernational Bank Account Number (IBAN) (Maximum	n 34 characters)				
Ш						
Bar	nk Identifier Code (BIC) (Maximum 11 characters)					
If you are married or in a civil partnership and have opted for Joint Assessment in 2016, please provide your spouse's or civil partner's bank account details:						
Inte	ernational Bank Account Number (IBAN) (Maximum	1 34 characters)				
Par	-Lidentifier Code (DIC) (Maximum 11 eherosters)					
Bank Identifier Code (BIC) (Maximum 11 characters)						
Not	te: Any subsequent Revenue refunds will be mad	e to this bank account unless otherwise n	notified.			
	Civil Penalties/Criminal Prosecut	tion				
Tax law provides for both civil penalties and criminal sanctions for the failure to make a return, the making of a false return, facilitating the making of a false return, or claiming tax credits, allowances or reliefs which are not due. In the event of a criminal prosecution, a person convicted on indictment of an offence may be liable to a fine not exceeding €126,970 and/or to a fine of up to double the difference between the declared tax due and the tax ultimately found to be due and/or to imprisonment.						
per	The Revenue Commissioners will treat as confidential the information provided by you in this form. However, Revenue may, when permitted or requested to do so by legislation, disclose this information to other Public Bodies. Further details are available on www.revenue.ie.					
***		of Tax Repayment				
F	For Official Use Only					