

CLAIM FORM FOR EXPENSES INCURRED BY A SPECIFIED PERSON IN RESPECT OF ARTISTIC SERVICES PROVIDED TO A QUALIFYING FILM PRODUCTION COMPANY



PLEASE RETURN COMPLETED FORM TO:

Office of the Revenue Commissioners,
Incentives and Financial Services Branch,
Dublin Castle,
Dublin 2.

Email: fwtunit@revenue.ie
Phone: +(353) 01 647 5000

IMPORTANT NOTES (please read before completing the claim form)

Please complete all sections in BLOCK CAPITALS.

This form is for claiming relief in respect of expenses incurred wholly and exclusively in relation to the provision of artistic services by a specified person to a qualifying film production.

Expenses must not have been reimbursed or be reimbursable and must have already been incurred before making the claim.

Any repayment due as a result of this claim will be made in Euro currency by the Revenue Commissioners by Electronic Fund Transfer (EFT), so please ensure the bank details are completed correctly.

Please ensure this claim form is signed and submit the completed form to the above address.

Part 1: CLAIMANT DETAILS

Name:	<input type="text"/>																	
Address:	<input type="text"/>																	
Country of Residence:	<input type="text"/>																	
Email Address:	<input type="text"/>																	
Phone Number:	<input type="text"/>																	
Tax Reference Number in Country of Residence:	<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"/>			
Period when artistic services were provided to a qualifying company:																		
(D D / M M / Y Y Y Y)																		
From	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Production Company to which artistic services were provided: <input type="text"/>																		

Part 2: DETAIL OF EXPENSES

Please detail below a schedule of the expenses incurred, which have not been reimbursed or are not reimbursable, and which have been wholly and exclusively incurred in the provision of artistic services to the film production company. This could include for example:

- Airfares to and from Ireland
- Travel within Ireland
- Accommodation and subsistence
- Commissions or Agents' fees

Description of Expense incurred	Method of Calculation	Amount €
Total Amount Claimed €		

PLEASE TICK ☼ THE APPROPRIATE BOX TO INDICATE IF:

1. This claim for expenses incurred is being made, prior to any payments being made by the qualifying film company, for the artistic services provided: ☐
- or**
2. This claim for expenses incurred is being made, after payments have been made by the qualifying film company, for artistic services provided: ☐

IMPORTANT NOTE: IF EXPENSES CLAIM IS BEING MADE AFTER PAYMENTS HAVE BEEN MADE BY THE QUALIFYING COMPANY, YOU MUST SUBMIT THE ORIGINAL CERTIFICATE OF DEDUCTION (FORM FWT45) AS ISSUED BY THE QUALIFYING COMPANY IN SUPPORT OF YOUR CLAIM.

Part 3: BANK ACCOUNT DETAILS TO WHICH REPAYMENT WILL BE MADE

Bank Account Name:

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IBAN/Bank Account Number:

[illegible]

BIC/SWIFT:

[illegible]

If applicable

Clearing Code:

[illegible]

Clearing Code Type:

[illegible]

Part 4: DECLARATION AND SIGNATURE

I declare that all the particulars contained on this form are correct to the best of my knowledge and belief. I further declare that a credit has not been received in my country of residence for the Irish Film Withholding Tax which is the subject of this expenses claim.

Signature of Claimant:

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Capacity in which signed:

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Date:

(DD / MM / YYYY)