# **P35 DECLARATION**

# FOR YEAR ENDED 31 DECEMBER





RETURN BY 15 FEBRUARY
To: Office of the Collector-General,
PO Box 354, Limerick.

PLEASE QUOTE REGISTRATION NUMBER BELOW IN ALL CORRESPONDENCE.



Guidelines for completion of P35 declaration below

#### A TOTAL TAX/PARKING LEVY LIABILITY

At A below enter total net tax and total Parking Levy (if applicable) deducted for all employees, minus all net tax refunded, if any.

#### **B TOTAL PRSI LIABILITY**

At B below enter total PRSI (employer + employee) inch sing PRSI for Exclusion Order cases.

#### C TOTAL UNIVERSAL SOCIAL CHARGE (USS)

At C below enter the total Universal Social Charge USC) deducted from all employees, minus all USC refunded, if any.

#### D TOTAL LOCAL PROPERTY TAX /ZF

At D below enter the total amount of Local Newtonian (LPT) deducted from all employees.

#### E TOTAL A + B + C + D LIABILITY

At E below enter the combined total of A + B + C + D

#### **F TOTAL PAID**

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At F below enter the total anis into tready paid, i.e. tax, PRSI, Universal Social Charge, or all Property Tax and Parking Levy.

#### **G CLAIMED REFUN**

If the amount at "E" in a san the total at "F" enter the difference at "G" to caim the excess credit.

#### H AMOUNT PAYABLE TO THE COLLECTOR-GENERAL

If the amount at "Fy's less than the total at "E" please enclose payment is man balance and enter the amount of payment at "H".

Please see notes overleaf in relation to contact details and form completion



	•	<b>♦</b> A							
Pleas	se complete below, detach and return	<b>A</b> D		,	,				
N.B. This dec	claration can only be used in respect of the employer is	B ned.		,	Ц,				
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G. No:		D		Ť					
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certify and declare that all particulars required to be entered by me in this turn are fully and truly stated to the best of my knowledge and belief.		G							
PLOYER'S SIGN	NATURE:			,	,			1	
ONE NO:	DATE:	H		,	ι,				
	write below this line.			•	·				

### **National Employer Helpline**

If you have a query in relation to this form phone **01 738 36 38** International Customers please phone + **353 67 63400** 

## Please note the following when completing this form

- •Use Black Ball Point Pen.
- •Remember to sign the Declaration over and give a contact phone number.
- If the amount at Lines A, B,C, D or E is **ZERO** enter 0 **do not** leave blank, **do not** write Nil.

PHOTOCOPIES OF THIS FORM ARE NOT ACCEPTABLE