

# 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.

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### 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) including PRSI for Exclusion Order cases.

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

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 (LPT)

At D below enter the total amount of Local Property Tax (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

At F below enter the total amount already paid, i.e. tax, PRSI, Universal Social Charge, Local Property Tax and Parking Levy.

#### G CLAIMED REFUND

If the amount at "E" is less than the total at "F" enter the difference at "G" to claim the excess credit.

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

If the amount at "F" is less than the total at "E" please enclose payment for that balance and enter the amount of payment at "H".

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



Please complete below, detach and return

N.B. This declaration can only be used in respect of the employer named.

NAME: \_\_\_\_\_

REG. No:

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YEAR END:

3	1	D	E	C						
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NOTICE NO: \_\_\_\_\_

I certify and declare that all particulars required to be entered by me in this return are fully and truly stated to the best of my knowledge and belief.

EMPLOYER'S SIGNATURE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ DATE: \_\_\_\_\_

Please do not fold or write below this line.

A										.	
B										.	
C										.	
D										.	
E										.	
F										.	
G										.	
H										.	

**P35**  
**M**

## **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**