Form HK1



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you, your spouse, civil partner or a relative is incapacitated by reason of physical or mental infirmity and you employ a person to care for the incapacitated relative you may claim this allowance.																																	
Your Personal Detai	ls								~																								-
Name																																	
PPSN																																	
Relative's Details								_	/																								
Name of incapacitated relative																																	
Relationship to you																														<u> </u>			
Nature of the incapacity																																	
Date incapacity arose	D	D	N	1	M	Y	Ý	Υ		Y																							
Carer's Details (if em	ploy	ved	dir	ec	tly	by	/ yo	ou)	7																								
Name of carer																																	
PPSN																																	
If provided by or thr	oug	h a	in a	ag	en	су	or	oth	er	cor	nm	ner	cia	l en	ntity	,																	
Name of organisation																																	
Employer PAYE Registration No.																		ate omr		•	-	nen	t	D)	M	M	Y	Y	Υ	Ύ	
Cost of employing t Please give details of				nc	urr	ed	bv	VOL		em	nolo		na t	the	car	ers	stat	ed	ab														-
Net cost, after any pa								-			•	•	-								-			€			,			Τ		0 0	-
Percentage of carer of	costs	s pa	aid	by	ус	bu]•[-
Refunds If you wish to have ar Single Euro Payme Bank account numbe Identifier Codes (BIC) on SEPA can be foun It is not possible to ma International Bank A	ents rs ar . The d on ake a	s A nd s ese w a re	rea sort e nu ww. efur	a (t co um .re	SE ode be ve dir	EP/ es ers enu rec	A) hav are ie.ie	re b gei e. to a	ee nei fo	n re rally reig	epla v av	ace /ail ban	d b abl k a	oy Ir e oi iccc	nter n yo	nat our	ion: bai	al E nk a	Bar	ik A ou	nt s	our stat	nt N em	um ent	ber s. f	s (⁻ ur	IB/	۹N)					-
Bank Identifier Code	e (Bl	C)	(Ma	axii	mu	m 1	11 c	hara	acte	ers)			I	I			1				[<u> </u>	I	1					I	<u> </u>		
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Declaration which MUST be signed

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

Signature

Date

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E-mail

Phone No.

Carer

If more than one carer is employed to care for the individual please complete a separate claim form for each employment.

Where do I send this claim form?

The completed form should be returned to your Revenue office. The address can be found on your Tax Credit Certificate or on any correspondence you have received from Revenue. Alternatively, use our Contact Locator on **www.revenue.ie** to obtain the correct address.

4-year time limit

A claim for tax relief must be made within four years after the end of the tax year to which the claim relates.

As your claim may be selected for future audit, you are requested to retain all documentation relating to this claim for a period of six years.

The information in this document is provided as a guide only and is not professional advice, including legal advice. It should not be assumed that the guidance is comprehensive or that it provides a definitive answer in every case.

The Revenue Commissioners collect taxes and duties and implement customs controls. Revenue requires customers to provide certain personal data for these purposes and certain other statutory functions as assigned by the Oireachtas. Your personal data may be exchanged with other Government Departments and agencies in certain circumstances where this is provided for by law. Full details of Revenue's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available on our **Privacy** page on **www.revenue.ie**. Details of this policy are also available in hard copy upon request.

