Tax Return for the year 2016



(Employees, Pensioners & Non–Proprietary Directors)

It's quicker, easier and more convenient to complete an online Form 12, which is available in PAYE Services through my**Account** on **www.revenue.ie**

Form 12

Your PPS Number					
Remember to quote thi or when calling at your		orre	spo	nde	ence

This form is to be completed and returned to your Revenue office on or before 31 October 2017.

Return Address

Use any envelope and write '**FREEPOST**' above the address. NO STAMP REQUIRED

If the Return Address of your Revenue office is not shown on this page, check any recent correspondence from Revenue or use the contact locator on **www.revenue.ie** to find the address to which you should submit this form.

RETURN OF INCOME, CHARGES AND CAPITAL GAINS FOR THE YEAR ENDED 31 DECEMBER 2016 CLAIM FOR TAX CREDITS, ALLOWANCES AND RELIEFS FOR THE YEAR ENDED 31 DECEMBER 2016

This Tax Return should be completed by a person whose main source of income is from a PAYE employment or pension or by a non-proprietary company director who pays all his/her Income Tax under the PAYE system. (see notes below) NOTICE: YOU ARE HEREBY REQUIRED, UNDER SECTION 879 TAXES CONSOLIDATION ACT 1997, BY THE INSPECTOR OF TAXES NAMED ABOVE TO PREPARE AND DELIVER, ON OR BEFORE 31 OCTOBER 2017, A TAX RETURN ON THIS PRESCRIBED FORM FOR THE YEAR 1 JANUARY 2016 TO 31 DECEMBER 2016.

Sections of an Act quoted within this form refer to the Taxes Consolidation Act (TCA) 1997 unless otherwise stated.

NOTE:

- 1. An individual who is a 'chargeable person' for the purposes of Income Tax Self-Assessment should complete a Form 11 Tax Return and Self-Assessment for the year 2016.
- 2. An individual with a PAYE source of income and with total gross income from all non-PAYE sources (including income subject to DIRT), of €30,000 or more is regarded as a 'chargeable person' for Self-Assessment and must file a Form 11 for that year.
- 3. An individual with a PAYE source of income and with **net** assessable non-PAYE income (including income subject to DIRT), of €5,000 or more is regarded as a 'chargeable person' for Self-Assessment and must file a Form 11 for that year.
- 4. An individual with a PAYE source of income and **net** assessable non-PAYE income less than €5,000 (after losses, capital allowances and other reliefs), **and** where the income is coded against PAYE tax credits or fully taxed at source, is not regarded as a 'chargeable person'.

The Capital Gains Tax Self-Assessment system applies to all individuals, including directors.

Civil Penalties/Criminal Prosecution - 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.

YOU MUST SIGN THIS DECLARATION

I DECLARE that, to the best of my knowledge and belief, this form contains a correct return in accordance with the provisions of the Taxes Consolidation Act 1997 of:

- all the sources of my income and the amount of income derived from each source in the year 2016, and

- all disposals and acquisitions of chargeable assets and the amount of chargeable gains that accrued to me in the year 2016.

I DECLARE that, to the best of my knowledge and belief, all the particulars given as regards gifts and inheritances received, tax credits, allowances and reliefs claimed and as regards outgoings and charges are stated correctly.

		(DD/MM/YYY)
Signature	Date	
Capacity of Signatory (In	sert ⊠) Tax Payer Tax Advisor Other (Specify)	
Main Residence Address		
Eircode	Telephone Number	
Agent's Details	Tax Adviser Identification No. (TAIN)	
-	e or other civil partner electing to be the assessable spouse or nominated pleting this Form 12, must include a letter to this effect with the completed	



This Form 12 is to be completed by a person whose main source of income is from a PAYE employment or pension or a non-proprietary company director who pays all his/her income tax under the PAYE system.

To assist you in completing this return, each section of the form is separated into the different categories of income, tax credits, allowances and reliefs as set out below. For further information on the content of this form, you should refer to the *Guide to Completing 2016 Pay & File Self-Assessment Returns* available from Revenue's website **www.revenue.ie**, or from Revenue's Forms & Leaflets Service at LoCall 1890 306 706 (ROI only) (+353 1 702 3050 if calling from outside ROI).

Note: The rate charged for the use of 1890 (LoCall) numbers may vary among different service providers.

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**.

Bank Details

If you wish to have any refund paid directly to your bank account, please provide your bank account details.

(Note: It is quicker to receive payments electronically than by cheque.)

Single Euro Payments Area (SEPA)

Your International Bank Account Number (IBAN) and Bank Identifier Code (BIC) are generally available on your bank account statements. Further information on SEPA can be found on **www.revenue.ie**.

It is not possible to make a refund directly to a foreign bank account that is not a member of SEPA.

International Bank Account Number (IBAN) (Maximum 34 characters)

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Bank 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:

International Bank Account Number (IBAN) (Maximum 34 characters)

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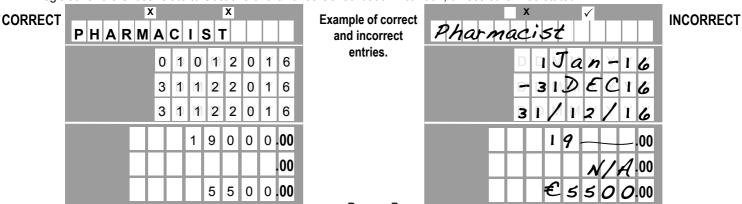
Bank Identifier Code (BIC) (Maximum 11 characters)

Tax Refunds will be paid to the accounts stated above.

Panel	Page No.(s)
Personal Details	3
 Income from Irish Employments, Offices (including Non-Proprietary Directorships), Pensions, etc. Income from Foreign Offices or Employments Attributable to the Duties of those Offices and Employments Exercised in the State 	4
 Income from a Trade or Profession 	5
 Income from Fees, Irish Rental Income, Covenants, Distributions, etc. and 	
income chargeable under S. 811B	6
Exempt Income	7
 Property Relief Surcharge - S. 531AAE 	8
 Foreign Income (Dividends, Employments, Pensions, Rents, etc.) 	8
 Annual payments, Charges and Interest paid 	9
 Claim for Tax Credits, Allowances and Reliefs for the year 2016 	11
Capital Acquisitions in 2016	15
Capital Gains and Chargeable Assets	15
Property Based Incentives on which Relief is claimed in 2016	16

How to fill in this Tax Return

- 1. Use CAPITAL LETTERS. Write clearly and accurately within box(es).
- 2. Insert \boxtimes in box as required.
- 3. Any panel(s) or section(s) that do not require an entry should be left blank.
- 4. In date boxes enter the format of DD/MM/YYYY, see example of correct and incorrect entries below.
- 5. All monetary entries, including entries in the Foreign Income panels, should be in Euro denomination. Do not enter € symbol.
- 6. Where **.00** is shown in monetary panels, enter figures in whole Euro ignore cent. Round down your income to the nearest Euro, and round up your credits, allowances, reliefs, expenses and tax paid to the nearest Euro it's to your benefit. Where **.00** is not shown, cents should be entered.
- 7. Legislative references relate to Sections of the Taxes Consolidation Act 1997, unless otherwise stated.



Page 2

PPS Number		Any panel(s) or see	ction(s) that d	o not requi	re an entry should be left blank
PERSONAL DETAILS 1 - Insert ⊠ in the box to indicate your civil status	s:	• •		•	ed in 2016 insert ⊠ in the box ate date of change:
(a) Single			-	_	-
(b) Married		Single	Married		In a Civil Partnership
(c) In a Civil Partnership		Widowed			Surviving Civil Partner
(d) Married but living apart		Married but living apart			In a Civil Partnership
If wholly or mainly maintaining your Spouse insert ⊠ in the box		Divorced			Former Civil Partner
(e) In a Civil Partnership but living apart		Date of Marriage	e or Civil Pa	rtnership	
If wholly or mainly maintaining your Civil Partner insert ⊠ in the box		(DD/MM/YYYY)			
(f) Widowed		Date of Separat		ce	
(g) A Surviving Civil Partner		(DD/MM/YYYY)			
(h) Divorced		Spouse's or Civ date of death (D		Y)	
(i) A former Civil Partner					
Joint Assessment Separal If you wish to claim Widowed Person or Surviving Tax Credit state date of death of your spouse or State the number of Qualifying Children Legally enforceable maintenance arrangement See Panel 18 on page 7, Panel 21 on page 7 and Spouse's or civil partner's details	civil partner (D	with Qualifying Ch D/MM/YYYY)	Single Tre	atment [
Name				PPS No	
			S	elf	Spouse or Civil Partner
State your/your spouse's or civil partner's Date(s) of Birth (DD/I	MM/YYYY)	/]/	
In the year 2016, insert ⊠ in the box(es) if you or your spouse or civil partner were:	Non-resident				
	Not ordinarily	resident			
	Not domiciled				
Insert ⊠ in the box(es) if you or your spouse or o Medical Card or had entitlement to one under EL (a GP Only Card does not qualify as a Full Med	J Regulations a				
In 2016 if you and/or your spouse or civil partner the European Communities (EC) insert \boxtimes in the		in another Membe	r State of		

2 - Non-Proprietary Directorships

List all Non-Proprietary Directorships in respect of you and/or your spouse or civil partner and state the percentage shareholding in each Company

Self	(%)		Spouse or Civil Partner	(%)
		-		

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PPS Number

INCOME FROM IRISH EMPLOYMENTS, OFFICES (INCLUDING NON-PROPRIETARY DIRECTORSHIPS), PENSIONS, ETC. INCOME FROM FOREIGN OFFICES OR EMPLOYMENTS ATTRIBUTABLE TO THE DUTIES OF THOSE OFFICES AND EMPLOYMENTS EXERCISED IN THE STATE

(Write the name of the employer or the source of the pension opposite the corresponding income)

jected to PAYE attributable	e to the	e performance in the
Self		Spouse or Civil Partner
	-	jected to PAYE attributable to the Self

Pay frequency (weekly, fortnightly, 4-weekly, monthly, etc.) Does the P60 for this employment indicate there were 53 pay days in 2016?

Employer's PAYE Registered Number (available from your P60)

Gross income for Universal Social Charge (USC) for the year 2016

Amount of USC deducted in 2016 (available from your P60)

Gross amount of Taxable income (available from your P60)

Gross amount of Tax Deducted (available from your P60)

If any of the above employment income has been subjected to non-refundable foreign tax, insert \boxtimes in the box(es)

Foreign Tax Amounts

Amount of income included above that has been subjected to non-refundable foreign tax

Amount of non-refundable foreign tax paid on the income

Foreign jurisdiction where the employment was exercised

Note: If the tax is refundable by the foreign jurisdiction, a claim for credit should not be made here.

If you received a performance-related bonus payment from a specified institution in excess of €20,000 and have suffered USC at the rate of 45% on this payment insert ⊠ in the box(es)

If you are related to your employer by marriage or otherwise, state relationship

4 - Pension(s)/Annuities (subject to PAYE Tax)

Name of Payer(s)

Pension Company PAYE Registered Number

Gross income for USC for the year 2016 (available from your P60)

Amount of USC deducted in 2016 (available from your P60)

Gross amount of Taxable Income (available from your P60)

Gross amount of Tax Deducted (available from your P60)

5 - Withdrawal of funds from AVC

Amounts of funds withdrawn from an AVC under S. 782A

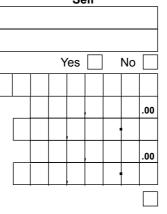
Amount of tax deducted

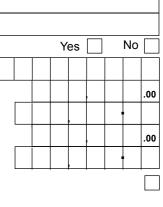
6 - Lump sums from Relevant Pension Arrangements (S. 790AA)

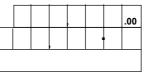
- (a) Amount of lump sum(s) paid between 7/12/2005 and 31/12/2015, both dates inclusive
- (b) (i) Amount of lump sum(s) paid in 2016
 - (ii) Amount of lump sum paid in 2016 which was paid under the rules of a Qualifying Overseas Pension Plan (QOPP) (S. 790AA(17))
- (c) Tax free amount, if any, for 2016
- (d) Amount of excess lump sum(s) for 2016
- (e) Portion of amount at (d) chargeable under Case IV at the standard rate (S. 790AA(3)(a)(i) or (3)(b)(i)(l)) (Do not include any amount entered at (g)(i))

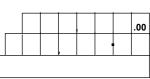
(f)	Portion of amount at (d) chargeable under Schedule E
	(Note: this income should also be included with employment
	income subject to PAYE and income liable to USC)

- (g) Where amount at (d) includes an amount paid under the rules of a QOPP:
 - (i) Portion of amount at (d) chargeable under Case IV at the standard rate determined in accordance with S. 790AA(3)(a)(i) or (3)(b)(i)(l) (Do not include any amount entered at (e))
 - (ii) Portion of amount at (d) chargeable under Case IV at the rates determined in accordance with S. 790AA(3)(a)(ii), (3)(b)(i)(II) or (3)(b)(ii)

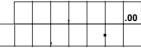


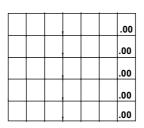


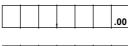


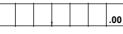


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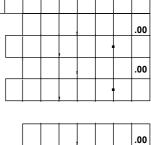


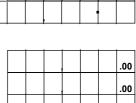


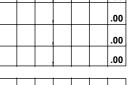


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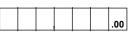


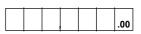






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7 Pourmente from Department of Social Protection													use oi		
7 - Payments from Department of Social Protection The Social Welfare Consolidation Act 2005 provides for the payment of the	of ar	n inc	reas		Self the		ount	of the	e State	e per			l Partr e the	ier	
beneficiary has an adult dependant. For tax purposes, the State pens the increased adult dependant payment in the relevant field on the ret															
credit. Their spouse or civil partner is not entitled to the Employee tax												npio	yee ta	^	
Enter details of any State Pension/Illness Benefit/Occupational Injury Allowance/Maternity Benefit/Paternity Benefit/Adoptive Benefit/Health											ce/Pre-	Reti	iremer	nt	
Type of payment	ſ														
Taxable amount of payment in 2016	L							.00		L				Τ	.00
8 - Distributions from Approved Retirement Funds, Approved	Mi	∟ nim	um	Ret	, ireı	mer	nt F		8 & PI	RSA	(Part	30	, Chs 2	2 & :	
(a) Distributions from an Approved Retirement Fund (S. 784A)		Γ						.00			Ì				.00
(i) Amount of USC deducted in 2016	ſ				1									•	
(ii) Amount of tax deducted in 2016				1								1		+	
(b) Distributions from an Approved Minimum Retirement Fund (S. 784	IC)							.00				1		\top	.00
(c) Distributions from a PRSA (S. 787G)								.00							.00
9 - Other Payments (e.g. Payments received on commenceme	ent	ofe	emp	loyr	ner	nt, c	or in	con	sider	ratio	n of c	har	ige in		
conditions of employment, or lump sum payments paid or	ו Re	edu	nda	ncy	/Re	tire	me	nt)							
Name of Payer(s)		r										·			
Gross amount of payment(s)					,			.00					,		.00
Nature of Benefit(s)															
Amount chargeable to tax								.00					,		.00
10 - Foreign Earnings Deduction Where you are claiming relief under S. 823A, state the following:			!												
(a) (i) Country				Τ								T		Τ	\square
(ii) Number of qualifying days spent there														+	
(b) (i) Country												1			\square
(ii) Number of qualifying days spent there															
(c) Amount of relief claimed								.00				Τ			.00
Please attach a statement from your employer showing the dates of y the duties of your employment were performed while abroad.	/our	dep	artu	re fro	om a	and	retu	rn to	Ireland	d and	the lo	catio	on(s) a	it wh	hich
11 - Benefits from Employments/Non-Proprietary Directorshi	ps														
Most benefits-in-kind are taxed at source, however, some payments i Any taxable benefits not taxed at source should be entered here.	inclu	udin	g pay	/mei	nts เ	unde	er PF	RSAs	are no	ot.					
Nature of Benefit	ſ														
Taxable benefits: (not taxed at source under PAYE)	L							.00				Τ		Τ	.00
12 - Employments/Offices/Pensions not subject to PAYE ded	ucti	ion	5		,								<u>p </u>		1.00
Description of Income															
Amount of Income	L							.00				\square		Τ	.00
INCOME FROM A TRADE OR PROFESSION	_				•										
13 - Income from a Trade or Profession (Only use this form if your Total Gross non-PAYE income from all sources is within income thresholds - see note on page 1)			rra Pro			ON	1				TRAI PRO		zi SSION	2	
Insert \boxtimes in the box(es) to indicate to whom the income in each column refe	ers.	Se	lf 🗌			use artn		\square		ę	Self		Spous ivil Par		
Description of Trade or Profession – you must clearly describe the trade	[-		/ P	ann	er					<u> </u>	vii Pai	liner	
If sharefarming in the year 2016 insert $oxdot$ in the box	_														
Commencement Date (DD/MM/YYYY)			/		/						/	7/			
Accounting Period End Date (DD/MM/YYYY)			/		/						/	_/		Ī	\square
Gross Income		Γ						.00						Τ	.00
Adjusted/Assessable Net Profit					Ī			.00							.00
Adjusted Net Loss								.00							.00

Any panel(s) or section(s) that do not require an entry should be left blank

PPS Number

Page 5

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Unused Capital Allowances from a prior year

Capital Allowances for year 2016

.00

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CPPS Number Any panel(s) or s	TRADE 1/ TRADE 2/	
(a) If you wish to claim under S. 381, to set any loss in the trade in the year	PROFESSION 1 PROFESSION 2	
2016 (other than a relevant loss as defined in S. 381B) against your other income, enter the amount of the loss. Claim to be made on or	.00	.00
before 31/12/2018.(b) If you wish to claim under S. 381 to set a relevant loss, as defined in S. 381B, made in the year 2016 against your other income, enter	.00	.00
the amount of the loss. Claim to be made on or before 31/12/2018. (Note: relief is restricted to a maximum of €31,750)		·
 (c) If there are no/insufficient profits, and you wish to claim unused current year Capital Allowances in computing a loss made in the trade in the year 2016 (S. 392), enter the amount of unused Capital Allowances. Claim to be made on or before 31/12/2018. 	.00	.00
(d) Total loss for offset against other income (by virtue of S. 381 and/or S. 392		.00
14 - Credit for Professional Services Withholding Tax (PSWT)		1.00
Gross withholding tax (before any interim refund) related to the basis		
period for 2016 on fees for Professional Services		
AND INCOME CHARGEABLE UNDER S. 811B		
15 - Fees, Commissions, etc. not included elsewhere		
Fees, commissions, S. 811B income, etc. from sources other than employr	ents or directorships Spouse or Self Civil Partner	
(Emoluments from employments, etc. should be shown on page 4/5)		
Description of Income		
Total amount of Income 16 - Rent-a-Room Relief		.00
If you wish to avail of Rent-a-Room relief, state the amount of gross		
rental income received in the year 2016 for room(s) in a 'Qualifying		.00
Residence'. Do not include this amount in Panel 17 below. If you do not wish to avail of Rent-a-Room relief, insert ⊠ in the box(es) ar		
include the income in Panel 17 under Gross Rent Receivable.		
17 - Rental Income from Land and Property in the State		
Where a claim to tax relief on property based incentives is included below, insert ⊠ in the box(es) and give details in Panel 79 on page 16 of the box (es) and give details in Panel 79 on page 16	s return	
Where the registration requirements of Part 7 of the Residential Tenancies Act 2004 have been complied with in respect of all tenancies which existed in relation to residential premises in the year 2016, insert 🗵 in the box(es)		
Number of Properties let		
Number of Tax Incentive Properties		$\left \right $
Area in hectares, if applicable		$\left \right $
		•
Non-resident landlord (where the rent is paid directly to the landlord or to the		
(a) State the PPS number of tenants(s)		
(b) State the amount of Irish tax withheld	.00	.00
Gross Rent Receivable		.00
Add Clawback of Section 23 Relief		Ħ
		.00
Less: Repairs Allowable interest	.00	.00
	.00	.00
Other		.00
* Rented Residential Relief (Section 23) where 2016 is the first year of cla		1
Net Rental Income (after expenses but before Capital Allowances)	.00	.00
Net Rental Loss (after expenses but before Capital Allowances)	.00	.00
Capital Allowances brought forward from a prior year	.00	.00
Note: As provided for in Part 12, Chapter 4A, passive investors should carried forward beyond 2014 or the tax life of the building or structure	not include any excess accelerated capital allowance if later.	es
* Capital/Balancing Allowances for the year 2016	.00	.00
In respect of any Living City Initiative (S. 372AAC) capital allowances, enter the amount of capital allowances. (Note, your first claim for relief in respect of Living City Initiative must be made on the online Form 12.)		.00
Capital Allowances used against rental income in the year 2016	.00	.00
Capital Allowances available for carry forward or offset		
		.00
 Capital Allowances used against rental income in the year 2016 Capital Allowances available for carry forward or offset Excess Case V Capital Allowances 	.00	

PPS Number Any particular	nel(s) or	section	n(s) f	that d Sel t		ot requ	ire an entry	/ shou		Spou	ank use or Partne	٦ er
If you wish to elect under S. 305(1)(b) to set any unused Capital for 2016 against your other income, state the amount of unused C												
(a) To which S. 409A applies (restricted to €31,750)		Γ				.0	0					.00
(b) To which S. 409A does not apply (no restriction applies)						.0	Π Γ					.00
Losses - Amount of unused losses from a prior year				1		.0						.00
18 - Payments received under a Legally Enforceable Mainte	nanco	⊥⊥⊥ ∧rra	nac	mo	ot fi	II		eh Tí		→ ae no	t dod	
Gross amounts (exclude any amounts in respect of children)	mance		linge					511 10				
19 - Untaxed Income arising in the State						.0	D			,		.00
Irish Government Stocks												
Irish Exchequer Bills				-		.0	0					.00
Irish Credit Union Dividends				_		.0	0					.00
				+		.0	0					.00
Other Investments				-		.0	0			·		.00
Total untaxed income arising in the State 20 - Irish Deposit Interest						.0	D			,		.00
Number of ordinary Deposit Accounts held												
Gross Interest received (on which DIRT was not deducted)						.0	0					.00
Gross Deposit Interest received on which DIRT was deducted						.0	0					.00
Gross Interest received from Special Share Account(s)/ Special Term Share Account(s)/Special Savings Account(s) on which DIRT was deducted						.0	0					.00
If you are exempt from income tax and you or your spouse c 65 or over, or you are permanently incapacitated insert ⊠ in 21 - Income from which Irish tax was deducted (State gross amount)						L						
(a) Annuities]					
(b) Covenant				-		.0	0					.00
(c) Settlements				-		.0	0					.00
(d) Legally Enforceable Maintenance Arrangement (exclude any			_			.0	0				,	.00
amounts in respect of children)				-		.0	<u>0</u>					.00
(e) Estate Income(f) Patent royalty income (including income previously exempted)				-		.0	0				,	.00
under S. 234)			_	_		.0	0				,	.00
Total Irish taxed Income [(a) to (f) inclusive]				,		.0	o			,	, .	.00
22 - Irish Dividends												
 (a)(i) Gross amount of Dividends from Irish Resident Companies (from which Dividend Withholding Tax was deducted), other than dividends received from a Real Estate Investment Trust (REIT) 						.0	D					.00
(ii) Gross amount of dividends received from a REIT						.0	D					.00
(b) Gross amount of Dividends from Irish Resident Companie (from which Dividend Withholding Tax was not deducted)	s					.0		\top				.00
EXEMPT INCOME									• •			
23 - Exempt Income for Childcare Services												
An individual in receipt of income from Childcare Services is regar Form 11 for that year.	rded as	a 'cha	rgea	able p	oers	on' fo	r Self-Ass	essm	ent ar	nd mu	ust file	а
24 - Exempt Income												
Source of Income							7					
Amount of Income							-					
25 - Exempt Income from Personal Injury				,		.0	0				,	.00
Amount of gross income						.0	0					.00
Tax deducted, if any, on income						.0	7					.00
				•	1							

.00	RPO
.00	200795
.00	57_EN
	WB
	[]

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	PS Number Any panel(s) or se ROPERTY RELIEF SURCHARGE - S. 531AAE	ction(s) th		o no Self		uire an	n entry	should	5	Spo	use		٦
2	 6 - (a) If your aggregate income for the 2016 tax year is €100,000 or more, ins in the box(es) and complete line (b) (b) Amount of specified property reliefs used in 2016 	ert 🗵							[1			
	(b) Amount of specified property reliefs used in 2016						.00							.00
	DREIGN INCOME (DIVIDENDS, EMPLOYMENTS, PENS						•	•						
All	amounts should be in Euro. Include details of any scrip dividends received fro	m noi	n-re		ent d Gelf	-	anies	in the	appro	-	-	bane use		
27	- Great Britain & Northern Ireland Dividends												rtner	
	Net Dividend(s) Received						.00							.00
28	- US Dividends											1 1		<u> </u>
	Amount of gross US Dividends Foreign tax deducted (if any, and not refundable)			-			.00		-		-			.00
							.00							.00
25	- Canadian Dividends Amount of net Canadian Dividends									1				
					+	_	.00			+	+		-	.00
	Foreign tax deducted (if any, and not refundable)						.00							.00
30	 Other Foreign Dividends Amount of gross Other Foreign Dividends 						.00							.00
	Foreign tax deducted (if any, and not refundable)						.00				+			.00
31	- Irish Tax Deducted on Foreign Income			1			1.00			-	-	!		.00
	Irish tax deducted on encashment (from 28, 29 & 30), if any		-							1	1			
							.00							.00
32	2 - Foreign Pensions Gross amount of State Welfare Pension(s)									1	1	1 1		1
							.00							.00
	Gross amount of all Other Pension(s)						.00							.00
33	 Income from Foreign employments attributable to the performa (on which Transborder Relief is not claimed) 	nce	DU.	TSI	DE	the	State	e of s	uch e	mp	oloy	me	nts	
	Gross amount of foreign salary						.00							.00
	Foreign tax deducted (if any, and not refundable by foreign tax authorities)						.00							.00
34	- Foreign Rental Income				-									
	Number of Foreign properties let													
	Income from Foreign Rents (enter gross amount receivable)				Т		+							
	Amount of expenses relating to this income (excluding interest)				+		.00							.00
	Amount of Allowable Interest				+		.00							.00
	Net profit on Foreign Rental properties				+		.00			-	-			.00
	Capital Allowances (including Capital Allowances forward)				+		.00			-	-			.00
							.00					.		.00
	Losses - Amount of unused losses from prior years						.00							.00
	- Amount of losses in this year				1		.00							.00
	- Amount of losses carried forward to next year						.00							.00
	Amount of Foreign tax deducted				+		.00					1		.00
25	Foreign rental losses may be offset only against foreign rental profits)						1	1	• 1		
35	- UK Deposit Interest Gross amount of UK Deposit Interest									1	1			
26				_			.00			I		•		.00
30	- EU Deposit Interest (excluding UK interest)								[1		1	
	(a) Amount of EU Deposit Interest						.00							.00
VPC00	(b) Savings Directive withholding tax credit						.00			_				.00
RPC007957_EN_WB_L	(c) Foreign tax (other than (b) above)			,			.00					,		.00
SN_WE	7 - UK 'Other' Interest		-1				+		[1	1			
3_L_1	Gross amount of UK 'other' interest						.00							.00
L	Page &													

37 - UK 'Other' Interest

PPS Number A	Any panel(s) or section(s) that do not require	an entry should be left blank Spouse or
38 - EU `Other' Interest (excluding UK interest)	Self	Civil Partner
(a) Amount of EU 'other' interest	.00	
(b) Savings Directive withholding tax credit		
(c) Foreign tax (other than (b) above)		
39 - Foreign Annuities/Royalties/Dividends/Non-Deposi	it Interest	
Amount of gross Foreign Income including income previously		
under S. 234 (enter amount net of any allowable deductions) Foreign Tax deducted (if any, and not refundable by Foreign Ta		.00
	ix authonities)	.00
40 - Other UK Income	it Interest, etc.	
UK income from Royalties, Annuities, Dividends, Non-Deposi		
Gross amount of UK Income from all Royalties, Annuities, Div		.00
41 - Other Foreign Income	[]	
Source of other Foreign Income		
Gross amount of Foreign Income Amount of Foreign Tax deducted	.00	.00
(if any, and not refundable by Foreign tax authorities)	.00	
ANNUAL PAYMENTS, CHARGES AND INTER	REST PAID	
42 - Rent paid to Non-Resident Landlord		
Gross amount of rent paid in the year 2016	.00	.00
43 - Retainable Charges (e.g. Annuities)		
Gross amount of Annual payment	.00	.00
Date of Payment (DD/MM/YYYY)		
44 - Payments made under Legally Enforceable Mainte	nance Arrangements	
(a) From which no tax was deducted prior to payment		
Gross amount of annual payment (exclude any amounts respect of children)	in00	.00
(b) From which tax was deducted prior to payment		
Gross Amount of annual payment (exclude any amounts respect of children)	in00	.00
45 - Deeds of Covenant		
Insert \boxtimes in the box(es) to indicate who the covenant is in resp	·	_
Permanently Incapacitated Minor (Other than parent to ov	wn child)	
Permanently Incapacitated Adult		
Adult aged 65 or over*		
Name of Covenantee		
Relationship to the Covenantee		
Original date of the Deed of Covenant (DD/MM/YYYY)		
Gross amount of the Annual Payment		
*Restricted amount (5% of Total Income in respect of	.00	.00
covenants to adults aged 65 or over)	.00	.00.
46 - Additional Voluntary Contributions (AVCs)	autocompution fund insort	
If you have made Additional Voluntary Contributions to your s in the box(es) to indicate the type of payment and give the de		
- PRSA AVC		
- Other		
State the name of the employment where your Superann	uation	
fund is held If you are a Specified Sportsperson (Schedule 23A) inser	rt⊠in the box(es)	
If you are a member of a Pre-Approved Pension Scheme	e insert \boxtimes in the box(es)	
Total Amount paid in 2016 (for which relief has not been	.00	.00
claimed or granted in 2015)	Page 9	

RPC007957_EN

) or section(s) that do not require an entry Self	should be left blank Spouse or Civil Partner
Amount of AVC Contributions already relieved under the net pay arrangement in 2016		.00
Amount of ordinary contributions already relieved under the net pay arrangement for 2016		
Amount carried forward from a prior year, for which relief has not been obtained	.00	.00
Amount paid between 1/1/2017 and 31/10/2017 for which relief has not already been granted and for which relief is being claimed for 2016	.00	.00
Total amount of AVC Relief claimed in 2016	.00	.00
47 - Personal Retirement Savings Accounts (PRSAs)		
Only complete Panel 47 if you, or your employer on your behalf, made If you have made PRSA contributions, insert I in the box(es) to indicat of Certificate received from the Provider and give the details requested	te the type	
PRSA 1 Certificate PRSA 1 (Net Pay) Certificate		
(Note that amounts contributed by your employer on your behalf to a P should also be included in Panel 11 on Page 5)	RSA	
If you are a Specified Sportsperson (Schedule 23A) insert $oxtimes$ in the box	(es)	
If you are a member of a pre-Approved pension scheme insert $oxtimes$ in the	e box(es)	
Total amount paid in 2016 (for which relief has not been claimed or granted in 2015)	.00	.00
Amount of PRSA contributions already relieved under the net pay arrangement in 2016	.00	.00
Amount carried forward from a prior year, for which relief has not been obtained	.00	.00
Amount paid between 1/1/2017 and 31/10/2017 for		
which relief has not already been granted and for which relief is being claimed for 2016	.00	.00
Amount contributed by your employer on your behalf to a PRSA	.00	.00
Total amount of PRSA Relief claimed in 2016	.00	.00
48 - Retirement Annuity Contracts (RACs)		
If you are claiming relief in respect of RACs state the source(s) of your non-pensionable earnings		
If you are a Specified Sportsperson (Schedule 23A) insert $oxtimes$ in the box		
If you are a member of a Pre-Approved Pension Scheme insert $oxtimes$ in the	e box(es)	
Total amount paid in 2016 (for which relief has not been claimed or granted in 2015)	.00	.00
Amount of RAC Contributions already relieved under the net pay arrangement in 2016	.00	.00
Amount carried forward from a prior year, for which relief has not been obtained	.00	.00
Amount paid between 1/1/2017 and 31/10/2017 for which relief has not already been granted and for which relief is being claimed for 2016	.00	.00
Total amount of RAC Relief claimed in 2016	.00	
49 - Qualifying Overseas Pension Plans (QOPPs) Note: Contributions to QOPPs that are made to occupational schemes		
Amount paid by 'relevant migrant member' in		
respect of a 'qualifying overseas pension plan' in 2016	.00	.00
Amount paid between 1/1/2017 and 31/10/2017 for which relief has not already been granted and for which relief is being claimed in 2016	.00	.00
is being claimed in 2016 Amount carried forward from a prior year, for which relief has not been obtained	.00	.00
Total amount of QOPPs Relief claimed in 2016	.00	.00

	5	Number An	y panel(s) or section(s) that do not require an ent	ry should be left blank
50 -		erest Relief on Certain Unsecured Home Loans	Self	Spouse or Civil Partner
	mai	espect of interest paid on unsecured Home Loans used for in residence , taken out between 1/1/2004 and 31/12/2012 ler section 9 Finance Act 2013, complete the following:	or the purchase, repair, development or impre	ovement of your
	(a)	Insert \boxtimes in the box(es) to confirm interest claimed at (f) be secured home loan (mortgage) taken out with a lending p		
	(b)	Enter date loan taken out (DD/MM/YYYY)		
	(c)	Enter expiry date of loan (DD/MM/YYYY)		
	(d)	If you received Tax Relief at Source (TRS) in respect of a in 2016, state the amount of interest on which TRS relief		.00
	(e)	Insert \boxtimes in the box(es) if you are entitled to first-time buye (that is, in the first seven years of entitlement to relief)	er relief	
	(f)	State the amount of interest paid in 2016 (excluding interest at (d) above)	.00	.00
	(g)	State the number of tax years (1-6) prior to 2016 you wer to first-time buyer relief	re entitled	
	(h)	Insert \boxtimes in the box(es) if the interest at (f) was paid on a l and $31/12/2008$ to purchase your first qualifying residence residence, where your first qualifying residence was purch	e, or subsequent qualifying	
51 -	Bri	dging Loan Interest		
	Dat	e loan taken out (DD/MM/YYYY)		
	Am	ount of qualifying bridging loan interest for this year	.00	.00
(Note 52 -	: Al Ho	FOR TAX CREDITS, ALLOWANCES AN I tax credits, allowances, and reliefs you are entitled to for 2016 me Carer Tax Credit ert ⊠ in the appropriate box to indicate the dependant (other the Id Permaner	6 must be claimed on this form)	
	Indi			
		vidual aged 65 or over Depender	nt relative living within 2km of claimant	
		Vidual aged 65 or over Depender	nt relative living within 2km of claimant	Spouse or
53 -		Ployee Tax Credit ert ⊠ in the box(es) if claimed	nt relative living within 2km of claimant	Spouse or Civil Partner
	Inse	ployee Tax Credit		
54 -	Inse Eai	aployee Tax Credit ert ⊠ in the box(es) if claimed		
54 - 55 -	Inse Eau Inse Alle	ployee Tax Credit ert ⊠ in the box(es) if claimed rned Income Tax Credit		
54 - 55 -	Inse Eau Inse Alle Nat	aployee Tax Credit ert ⊠ in the box(es) if claimed rned Income Tax Credit ert ⊠ in the box(es) if claimed owable Deductions incurred in Employment		
54 - 55 -	Inse Eau Inse Alle Nat Exp	aployee Tax Credit ert ⊠ in the box(es) if claimed rned Income Tax Credit ert ⊠ in the box(es) if claimed owable Deductions incurred in Employment ure of Employment	Self	
54 - 55 -	Inse Ear Inse Alle Nat Exp Sup Tota Not	aployee Tax Credit ert ⊠ in the box(es) if claimed rned Income Tax Credit ert ⊠ in the box(es) if claimed bowable Deductions incurred in Employment ure of Employment beenses beenses beenses	Self	Civil Partner
54 - 55 -	Inse Ear Inse Alle Nat Exp Sup Tota Not pur	aployee Tax Credit ert ⊠ in the box(es) if claimed rned Income Tax Credit ert ⊠ in the box(es) if claimed owable Deductions incurred in Employment ure of Employment benses berannuation Contributions (where not deducted by employ al te: Expenses, etc. relating only to employments should be poses should be excluded.	Self	Civil Partner
54 - 55 - 56 -	Inse Ear Inse Alle Nat Exp Sup Tot Not Pur Blin	aployee Tax Credit ert ⊠ in the box(es) if claimed rned Income Tax Credit ert ⊠ in the box(es) if claimed owable Deductions incurred in Employment ure of Employment beenses	Self	Civil Partner
54 - 55 - 56 -	Inse Eau Inse Alle Nat Exp Sup Tot: Not purp Blin Inse To c hav the	aployee Tax Credit ert ⊠ in the box(es) if claimed rmed Income Tax Credit ert ⊠ in the box(es) if claimed owable Deductions incurred in Employment ure of Employment berannuation Contributions (where not deducted by employ al te: Expenses, etc. relating only to employments should be poses should be excluded. md Person's Tax Credit	Self yer) Self ver) Self ver) Self ver) Self ver) Self ver) Self Self Self Self Self Self Self Self	Civil Partner
54 - 55 - 56 -	Inse Ear Inse Alle Nat Exp Sup Tot: Not Pur Blin Inse To c hav the you	aployee Tax Credit ert ⊠ in the box(es) if claimed rned Income Tax Credit ert ⊠ in the box(es) if claimed owable Deductions incurred in Employment ure of Employment beerannuation Contributions (where not deducted by employ al te: Expenses, etc. relating only to employments should be poses should be excluded. nd Person's Tax Credit ert ⊠ in the box(es) if you wish to claim Blind Person's Tax qualify for this tax credit, you must hold a certificate from and e impaired vision to the extent that your central visual acui widest diameter of the visual field subtends an angle no group	Self yer) Self ver) Self ver) Self ver) Self ver) Self ver) Self Self Self Self Self Self Self Self	Civil Partner
54 - 55 - 56 - 57 -	Inse Ear Inse Alle Nat Exp Sup Tota Not pur Blin Inse To c hav the you Gu	aployee Tax Credit ert ⊠ in the box(es) if claimed rned Income Tax Credit ert ⊠ in the box(es) if claimed owable Deductions incurred in Employment ure of Employment beerannuation Contributions (where not deducted by employ al te: Expenses, etc. relating only to employments should be poses should be excluded. nd Person's Tax Credit ert ⊠ in the box(es) if you wish to claim Blind Person's Tax qualify for this tax credit, you must hold a certificate from an e impaired vision to the extent that your central visual acui widest diameter of the visual field subtends an angle no gar relaim.	Self yer) Self ver) Self ver) Self ver) Self ver) Self ver) Self Self Self Self Self Self Self Self	Civil Partner

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58 - Dependent Relative Tax Credit
€14,060 in the year 2016 or if this tax credit is being claimed in full by another person. 9. Single Person Child Carer Credit, Wickowed Person or Surviving Civil Partner, Incapacitated Child, Increased Exemption - Qualifying Children If you wish to claim any of these tax credits, insert El in the appropriate box(es) and enter the details requested below (a) Single Person Child Carer Credit (b) Widowed Person or Surviving Civil Partner with Qualifying Child Tax Credit (c) Increased Exemption for Qualifying Children Child's Name Date of Birth (c) D/MM/YYY) "Single Person Child Carer Credit may not be claimed by a person qualifying for the married person or civil partner tax credit, or a co-habiting couple. Claimants must complete Form SPCC1 or SPCC2 with a first claim. See www.revenue.ie for further informatio (d) Incapacitated Child Tax Credit Note: To qualify for this credit a medical practitioner must sign a separate form (claim for incapacitated child tax credit) confirming that the child is permanently incapacitated. That form must be retained for six years, following each year in which the credit is claimed (in line with S. 886A) Child's Name Date of Birth PPS No. The nature of the incapacit Child's Name Date of Birth PPS No. The nature of the incapacit Spouse or Civil Partner or a relative were permanently incapacitated by reason of mental or physical infirmity and you employed a carer insert El in the appropriate box(es). For whom was the carer employed? Self Spouse or Civil Partner Relative Net cost of employing a carer in the year 2016 (after deducting any payments r
Increased Exemption - Qualifying Children If you wish to claim any of these tax credits, insert Bi in the appropriate box(es) and enter the details requested below (a) Single Person Child Carer Credit (b) Widowed Person or Surviving Civil Partner with Qualifying Child Tax Credit Child's Name Date of Birth (DD/MM/YYYY) Issue of school if receiving full-time education when the permanent incaps "Single Person Child Carer Credit may not be claimed by a person qualifying for the married person or civil partner tax credit, or a co-habiting couple. Claimants must complete Form SPCC1 or SPCC2 with a first claim. See www.revenue.ie for further informatio "Single Person Child Carer Credit may not be claimed by a person qualifying for the married person or civil partner tax credit, or a co-habiting couple. Claimants must complete Form SPCC1 or SPCC2 with a first claim. See www.revenue.ie for further informatio (d) Incapacitated Child Tax Credit Note: To qualify for this credit a medical practitioner must sign a separate form (claim for incapacitated child tax credit) confirming that the child is permanently incapacitated. That form must be retained tor six years, following each year in which the credit is claimate (in line with S. 886A) If you, your spouse or civil partner or a relative were permanently incapacitated by reason of mental or physical infirmity and you employed a carer insert B in the appropriate box(es). For whom was the carer employed? Self Spouse or Civil Partner Spouse or Civil Partner Name of Insurer
(a) Single Person Child Carer Credit (b) Widowed Person or Surviving Civil Partner with Qualifying Child Tax Credit (c) Increased Exemption for Qualifying Children Name of school if receiving full-time education when the permanent incapa arose, or name of employer if receiving full-time training that was expected last for 2 years. (DD/MMYYYY) Isat for 2 years. 'Single Person Child Carer Credit may not be claimed by a person qualifying for the married person or civil partner tax credit, or a co-habiting couple. Claimants must complete Form SPCC1 or SPCC2 with a first claim. See www.revenue.ie for further informatio (d) Incapacitated Child Tax Credit Note: To qualify for this credit a medical practitioner must sign a separate form (claim for incapacitated child tax credit) confirming that the child is permanently incapacitated. That form must be retained for six years, following each year in which the credit is claimed (in line with S.886A) Incapacitated Child Tax Credit PPS No. The nature of the incapacity Child's Name Date of Birth PPS No. The nature of the incapacity If you, your spouse or civil partner or a relative were permanently incapacitated by reason of mental or physical infirmity and you employed a carer insert IB in the appropriate box(es). Sorter in the year 2016 (after deducting any payments received from Gross Pay by Employer) - Note that this is not Health/Medical Insurance Net cost of employing a carer in the year 2016 (after deducting any payments received from Gross Pay by Employer) - Note that this is not Health/Medical Insurance Spo
(c) Increased Exemption for Qualifying Children Name of school if receiving full-time education when the permanent incapa arose, or name of employer if receiving full-time training that was expected last for 2 years.
Child's Name Date of Birth Da
*Single Person Child Carer Credit may not be claimed by a person qualifying for the married person or civil partner tax credit, or a co-habiting couple. Claimants must complete Form SPCC1 or SPCC2 with a first claim. See www.revenue.le for further informatio (d) Incapacitated Child Tax Credit Note: To qualify for this credit a medical practitioner must sign a separate form (claim for incapacitated child tax credit) confirming that the child is permanently incapacitated. That form must be retained for six years, following each year in which the credit is claimed (in line with S. 886A) Is the incapacitated child tax credit) confirming that the child is permanently incapacitated. That form must be retained for six years, following each year in which the credit is claimed (in line with S. 886A) Is the incapacitated child tax credit) confirming that the credit is claimed (in line with S. 886A) Is the incapacitated for six years, following each year in which the credit is claimed (in line with S. 886A) Is the incapacitated child tax credit) confirming that the credit is claimed (in line with S. 886A) Is the incapacitated child tax credit) confirming that the credit is claimed (in line with S. 886A) Is the incapacitated child tax credit) confirming that the credit is claimed (in line with S. 886A) Is the incapacitated child tax credit of metal or physical infirmity and you employed a carer insert El in the appropriate box(es). For whom was the carer employed? Self Spouse or Civil Partner Spouse or Civil Partner Relative (if not deducted from Gross Pay by Employer) - Note that this is not Health/Medical Insurance (if not deducted from Gross Pay by Employer) - Note that this is not Health/Medical Insurance Name of Insurer Amount paid in the year 2016 to the period 1 January 2016 to 31 December 2016 for which tax rel
co-habiting couple. Claimants must complete Form SPCC1 or SPCC2 with a first claim. See www.revenue.ie for further informatio (d) Incapacitated Child Tax Credit Note: To qualify for this credic a medical practitioner must sign a separate form (claim for incapacitated child tax credit) confirming that the child is permanently incapacitated. That form must be retained for six years, following each year in which the credit is claimed (in line with S. 886A) Is the incapacitated State Is the incapacitated Child Tax Credit Child's Name Date of Birth PPS No. The nature of the incapacity Yea If you, your spouse or civil partner or a relative were permanently incapacitated by reason of mental or physical infirmity and you employed a carer insert 🖾 in the appropriate box(es). For whom was the carer employed? Self Spouse or Civil Partner Relative Net cost of employing a carer in the year 2016 (after deducting any payments received from Health Service Executive, etc.) Self Spouse or Civil Partner Spouse or Civil Partner - Permanent Health Insurance (if not deducted from Gross Pay by Employer) - Note that this is not Health/Medical Insurance Name of Insurance Image: State the gross amount of premium paid in the period 1 January 2016 to 31 December 2016 for which tax relief was not granted at source or if your employer paid medical insurance premiums on your behalf to an Image: Superior S
co-habiting couple. Claimants must complete Form SPCC1 or SPCC2 with a first claim. See www.revenue.ie for further informatio (d) Incapacitated Child Tax Credit Note: To qualify for this credit a medical practitioner must sign a separate form (claim for incapacitated child tax credit) confirming that the child is permanently incapacitated. That form must be retained for six years, following each year in which the credit is claimed (in line with S. 886A) Is the incapacitated State Is the incapacitated for six years, following each year in which the credit is claimed (in line with S. 886A) Is the incapacitated State Date of Birth PPS No. The nature of the incapacity Year - - - - - - If you, your spouse or civil partner or a relative were permanently incapacitated by reason of mental or physical infirmity and you employed a carer insert I in the appropriate box(es). For whom was the carer employed? For whom was the carer employed? Self Spouse or Civil Partner Relative Net cost of employing a carer in the year 2016 (after deducting any payments received from Health Service Executive, etc.)
Note: To qualify for this credit a medical practitioner must sign a separate form (claim for incapacitated child tax credit) confirming that the child is permanently incapacitated. That form must be retained for six years, following each year in which the credit is claimed (in line with S. 886A) Is the incap. permanent? Ir child's Name Child's Name Date of Birth PPS No. The nature of the incapacity Yee Child's Name Date of Birth PPS No. The nature of the incapacity Yee
Child's Name Date of Birth PPS No. The nature of the incapacity Yee Image: Child's Name Image: Child's Name Image: Child's Name The nature of the incapacity Yee Image: Child's Name Image: Child's Name Image: Child's Name Image: Child's Name The nature of the incapacity Yee Image: Child's Name Image: Child's Name Image: Child's Name Image: Child's Name Yee Image: Child's Name Image: Child's Name Image: Child's Name Image: Child's Name Yee Image: Child's Name Image: Child's Name Image: Child's Name Image: Child's Name Yee Image: Child's Name
- Employing a Carer If you, your spouse or civil partner or a relative were permanently incapacitated by reason of mental or physical infirmity and you employed a carer insert 🖾 in the appropriate box(es). For whom was the carer employed? Self Spouse or Civil Partner Relative Net cost of employing a carer in the year 2016 (after deducting any payments received from Health Service Executive, etc.) - Permanent Health Insurance (if not deducted from Gross Pay by Employer) - Note that this is not Health/Medical Insurance Name of Insurer Amount paid in the year 2016 - Medical Insurance State the gross amount of premium paid in the period 1 January 2016 to 31 December 2016 for which tax relief was not granted at source or if your employer paid medical insurance period medical insurance period and the period of the period of the period is porter or if your
If you, your spouse or civil partner or a relative were permanently incapacitated by reason of mental or physical infirmity and you employed a carer insert 🗵 in the appropriate box(es). For whom was the carer employed? Self Spouse or Civil Partner Relative Net cost of employing a carer in the year 2016 (after deducting any payments received from Health Service Executive, etc.) Oe Permanent Health Insurance (if not deducted from Gross Pay by Employer) - Note that this is not Health/Medical Insurance (if not deducted from Gross Pay by Employer) - Note that this is not Health/Medical Insurance Name of Insurer Amount paid in the year 2016 On - Medical Insurance State the gross amount of premium paid in the period 1 January 2016 to 31 December 2016 for which tax relief was not granted at source or if your employer paid medical insurance premiums on your behalf to an On
If you, your spouse or civil partner or a relative were permanently incapacitated by reason of mental or physical infirmity and you employed a carer insert 🗵 in the appropriate box(es). For whom was the carer employed? Self Spouse or Civil Partner Relative Net cost of employing a carer in the year 2016 (after deducting any payments received from Health Service Executive, etc.) Oe Permanent Health Insurance (if not deducted from Gross Pay by Employer) - Note that this is not Health/Medical Insurance (if not deducted from Gross Pay by Employer) - Note that this is not Health/Medical Insurance Name of Insurer Amount paid in the year 2016 On - Medical Insurance State the gross amount of premium paid in the period 1 January 2016 to 31 December 2016 for which tax relief was not granted at source or if your employer paid medical insurance premiums on your behalf to an
- Permanent Health Insurance (if not deducted from Gross Pay by Employer) - Note that this is not Health/Medical Insurance Name of Insurer Amount paid in the year 2016 C - Medical Insurance State the gross amount of premium paid in the period 1 January 2016 to 31 December 2016 for which tax relief was not granted at source or if your employer paid medical insurance premiums on your behalf to an
Amount paid in the year 2016 - Medical Insurance State the gross amount of premium paid in the period 1 January 2016 to 31 December 2016 for which tax relief was not granted at source or if your employer paid medical insurance premiums on your behalf to an
Medical Insurance State the gross amount of premium paid in the period 1 January 2016 to 31 December 2016 for which tax relief was not granted at source or if your employer paid medical insurance premiums on your behalf to an
State the gross amount of premium paid in the period 1 January 2016 to 31 December 2016 for which tax relief was not granted at source or if your employer paid medical insurance premiums on your behalf to an
31 December 2016 for which tax relief was not granted at source or if your employer paid medical insurance premiums on your behalf to an
authorised insurer (for example VHI, Laya Healthcare, Irish Life Health, etc.):
Adults covered by the policy Name Amount Name Amount
Child(ren) (if any) covered by the policy A child for the purposes of this tax relief means an individual under the age of 18 years or, if over 18 years and under the age of 23
is receiving full-time education and in respect of whom a child premium is paid.
Child's Name Date of Birth (DD/MM/YYYY) Amount
Amount of any contribution made by you Image: Contribution made by you Image: Contribution made by you
Date in 2016 the policy was renewed or entered into
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Γ _Ρ	PS Number Any pane	el(s) c	or secti	ion(s) tha	at do	o not	require a	in entry	shou	ld be	left b	olank		_
						Se	lf						use o I Parti		
63	Business Expansion Scheme Amount of relief claimed in 2016					1				[
						+		.00							.00
	Enter relevant RICT 3 certificate number, or, if appropriate, the Designated Fund's reference number														
64 ·	Employment and Investment Incentive First stage of EII relief (30/40)														
	Amount subscribed for eligible shares issued in 2016							.00							.00
	Amount of relief claimed in 2016					T		.00							.00
	Note: The first stage of relief is on 30/40 of the eligible investment					1				l			-1		1
	Enter relevant Ell 3 Certificate number, or if appropriate,														
	the Designated Fund's reference number														
	Second stage Ell relief (11/41) Amount subscribed for eligible shares in 2011 on which		_	-	-1	-	-			I		-1	1 1	-1	1
	additional relief is now due							.00							.00
	Amount of relief claimed in 2016					,		.00							.00
	Note: The second stage of relief is on 11/41 of the eligible investme	nt in	2011			·				· · ·				_,	
	Enter relevant EII 3A Certificate number, or if appropriate, the Designated Fund's reference number														
	5														
65	- Seed Capital Scheme/Startup Relief for Entrepreneurs (S	UR	=)												
00	Amount of relief claimed in 2016		-, _												
	Note: If you are claiming relief for prior years you should submit full details to your Revenue office					•		.00		l					.00
66 ·	Film Relief														
	Amount of investment on which relief is claimed in 2016							.00		[.00
	Amount carried forward from previous year					1		.00							.00
	Enter all relevant Film 3 certificate numbers							.00							.00
67	Tuition Food														
0/	Tuition Fees														
	Name of Student														
	Amount of tuition fees paid, including student contribution, per approved course. (Do not include administration, exam, registration capitation fees, etc.)	,						.00							.00
	Insert \boxtimes in the box(es) if a part-time course														
	Insert \boxtimes in the box(es) if fees relate to an information technology or foreig	gn la	nguag	je tr	ainin	ig co	ourse	e 🗌							
68 ·	Amount of Owner Occupier Relief on a Residential Property in a Designated Area due in 2016														
	Where you are claiming relief under this incentive scheme														
69 ·	also insert these details in Panel 79 on page 16 of this return The Living City Initiative Your first claim for relief in respect of Living City Initiative must be m on the online Form 12. This is available in PAYE Services through myAccount on www.revenue.ie. Retirement Relief for Certain Sportspersons	ade				4		.00		l			<u>+</u>		.00
	If, during the tax year 2016, you or your spouse or civil partner ceas permanently to be engaged in a 'specified occupation' or to carry on 'specified profession' as listed in Schedule 23A and you wish to clair relief under S. 480A, insert I in the box(es) and give the information requested.	a n													
	What specific occupation or profession does this claim relate to														
	Date of Permanent Cessation from specified occupation/profession (DD/MM/YYYY)		/		/	/					/		/		
	Amount of relief claimed for the year 2016							.00							.00
	Note: If you are claiming relief for prior years you should submit full	deta	ils.		_							_	, 	_	
L	Page	13													_

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	ank • or
Number of days spent at sea in 2016 71 - Transborder Relief To claim Transborder Relief an individual must be an irish Resident, hold the foreign employment for a continuous period of weeks in a country with which reliand has a Double Taxation Agreement and the 'she must be present in the State for at lear in each of those weeks. Country in which employment took place	rtner
71 - Transborder Relief To claim Transborder Relief an individual must be an Irish Resident, hold the foreign employment for a continuous period of weeks in a country with which leand has a Double Taxation Agreement and he / she must be present in the State for at lea in each of those weeks. Country in which replayment took place	
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weeks in a country with which leaded has a Double Taxation Agreement and he / she must be present in the State for at lea in each of those weeks. Country in which employment took place	
If you are claiming Split-Year Treatment insert III in the box(es) Amount of salary on which you are claiming Transborder Relief 72 - Haith Expenses (Note to complete and submit a form Med 1 if you have not already done so) State the amount of Health Expenses claimed for the year 2016 (excluding Relief for Nursing Home expenses) State the amount of Nursing Home Expenses claimed for the year 2016 73 - Rent Tax Credit (not due unless claimant was, on 7/12/2010, paying rent under a tenancy) I confirm that I was paying rent under a tenancy on 7/12/2010. Insert III in the box(es) Address of rented property (include Eircode) Rent payable to (insert III in the appropriate box(es)) Agent Name of Landlord/Business/Agent Address of Landlord/Business/Agent Address of Landlord/Business/Agent IIII Tax Registration Number of Landlord (e.g. PPS Number, if known) Tax Registration Number of Landlord (e.g. PPS Number, if known) Tax Registration Number of Landlord, state the amount of Irish tax withheld from the rent paid in 2016 If rent is payable to a non-resident landlord, state the amount of Irish tax withheld from the rent paid in 2016 If rent is payable to a non-resident landlord, state the amount of Irish tax withheld from the rent paid in 2016 State the Bay on your HRI online claim Tax credit due for 2016 Bused on your HRI online claim Ta scheme has ended for all employments commencing on or after 1 July 2013. Name of Employer Year of Claim - insert III in the appropriate box(es): Year 1 Year 2 Year 2 Year 3 Ye Year 3 Ye Year 0 Year 3 Ye Year 3 Ye Year 1 Year 2 Year 3 Ye Yea Ye Ye Yea Ye Ye Yea Ye	
Amount of salary on which you are claiming Transborder Relief	
72 - Health Expenses Image: Control of Contrel of Contenter of Control of Control of Contenter of	
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Tax Registration Number of Landlord (e.g. PPS Number, if known)	
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Tax credit due for 2016 based on your HRI online claim	.00
A claim for a refund in respect of the Help to Buy (HTB) incentive for purchased/self-built residential property between 19 Ju and 31 December 2016 must be made online. See www.revenue.ie for further information. 76 - Revenue Job Assist This scheme has ended for all employments commencing on or after 1 July 2013. Name of Employer Year of Claim - insert ⊠ in the appropriate box(es): Year 2 Year 3 Year 3 Year 3 Year 3 Year 4 Year 5 Year 6 Year 7 Year 8 Year 9	.00
Name of Employer	ly 2016
Year 2 Year 2 Year 3	
Year 2 Year 2 Year 3 Year 3 <td>ar1 [[]</td>	ar1 [[]
Year 3 Year 3 Where you are claiming an additional allowance for qualifying child(ren), state: Spouse or Self Civil Partner	ar2
Self Civil Partner	ar3
	L
	/MM/YYYY

PPS Number	Any panel(s) or section(s) that do not require an	entry should be left blank
CAPITAL ACQUISITIONS IN 2016	Self	Spouse or Civil Partner
77 - If you received a gift or an inheritance in 2016, insert ⊠ in t	the box(es)	

Note: Where the value of a gift or an inheritance, when added to the value of prior aggregable benefits (if any) received on or after 5 December 1991 within the same group, exceeds 80% of the relevant threshold, a Capital Acquisitions Tax return must be made.

A gift is treated as having been received on the date of the gift. An inheritance is treated as having been received on the date of death of a person.

The information given above does not satisfy a requirement to file a Capital Acquisitions Tax return (Form IT 38). If you need help in completing a Form IT 38, you should consult Leaflet IT 39 Guide to Completing the Gift/Inheritance Tax Self-Assessment Return. Completed Form IT 38 should be sent to the Collector-General's Division. Form IT 38 and Leaflet IT 39 are available at www.revenue.ie/en/tax/cat/index.html. Form IT 38 can be filed on ROS (Revenue Online Service) and this is the quickest and most efficient method of filing.

CAPITAL GAINS AND CHARGEABLE ASSETS

78 - Capital Gains Tax for the year 1 January 2016 – 31 December 2016

Give details of all disposals (by sale, exchange, gift or otherwise) of assets, e.g. land, shares, paintings, antiques, etc. made by you or your spouse or civil partner in the year 2016.	chargeable Self	Spouse or Civil Partner
Chargeable Gain(s) (excluding Foreign Life Policies) Previous Gain(s) Rolled-over (now chargeable) Net Loss(es) in 2016 Unused Losses from prior year(s)	.00 .00 .00 .00	00. 00. 00. 00.
Personal Exemption (max €1,270 per spouse or civil partner & non t Note: losses, including losses forward must be used first	ransferable)	00.
Net Chargeable Gain (excluding Foreign Life Policies) Net Chargeable Gain on Foreign Life Policies Unused Losses for carry forward to 2017	.00 .00 .00	00. 00. 00.
If you have an overall Capital Gains Tax loss in 2016 there is no need In respect of net chargeable gains that arose in the period 1 January		Spouse or

				Self
				000

In respect of net chargeable gains that arose in the period 1 December 2016 to 31 December 2016

Enter amount of net gain to be charged @ 33%

Enter amount of net gain to be charged @ 40%

Enter amount of net gain on Foreign Life Policies

Enter amount of net gain to be charged @ 33%

Enter amount of net gain to be charged @ 40%

Enter amount of net gain on Foreign Life Policies

(excluding Foreign Life Policies)

(excluding Foreign Life Policies)

to be charged @ 40%

to be charged @ 40%

.00 .00 .00

Self

.00

.00

.00

Civil Partner

			.00
			.00
			.00

Spouse or Civil Partner									
						.00			
						.00			
						.00			

Double Taxation Relief

(a)

(b)

(C)

(a)

(b)

(C)

If you wish to claim relief for foreign tax in respect of a disposal that gives rise to a liability to capital gains tax shown above, provide the following information in respect of each such foreign disposal. All amounts should be in Euro.

Country

Amount of gain							
						.00	
						.00	

Am whic		_			
				.00	
				.00	

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79 - PROPERTY BASED INCENTIVES ON WHICH RELIEF IS CLAIMED IN 2016

You are required to provide the following information in support of your claim to any of the following reliefs. You should note that the details required by this panel are the 'specified details' referred to in S. 1052(1)(aa) and S. 1084(1)(b)(ib) TCA 1997 and that any failure to fully and correctly complete this panel may leave you liable to penalties under S. 1052 and/or a surcharge under S. 1084 TCA 1997.

Enter the amount of the annual cost of the relief, that is the amount claimed in the year, excluding amounts carried forward into the year either as losses or capital allowances, and before deducting any amount of unused losses and/or capital allowances which will be carried forward to subsequent years.

		Owner Occupier					Investor - Lessor				
Residential Property								<u> </u>			
Urban Renewal	S.372AP & AR				.00					.00	
Town Renewal	S.372AP & AR		,	,	.00					.00	
Seaside Resort	S.372AU									.00	
Rural Renewal	S.372AP & AR		, .		.00					.00	
Living over the Shop	S.372AP & AR				.00					.00	
Park and Ride	S.372AP & AR				.00					.00	
Student Accommodation	S.372AP									.00	
Living City Initiative	S.372AAB		,		.00						
Industrial Buildings Allowance			Owner (Occupie	r		Inves	stor -	Lessor		
Urban Renewal	S.372C & D				.00					.00	
Town Renewal	S.372AC & AD				.00					.00	
Seaside Resort	S.352 & S.353				.00			[.00	
Rural Renewal	S.372M & N				.00			[.00	
Multi-storey Car Parks	S.344				.00			[.00	
Living over the Shop (Commercial Premises Only)	S.372D				.00			[.00	
Enterprise Areas	S.343				.00					.00	
Park and Ride	S.372V & W				.00					.00	
Hotels	S.268(1)(d)				.00					.00	
Holiday Cottages	S.268(3)				.00					.00	
Holiday Hostel	S.268(2C)(b)				.00					.00	
Guest Houses	S.268(2C)(a)				.00					.00	
Nursing Homes	S.268(1)(g)				.00					.00	
Housing for elderly/infirm	S.268(3A)				.00					.00	
Convalescent Homes	S.268(1)(i)				.00					.00	
Qualifying Hospitals	S.268(2A)				.00					.00	
Qualifying Mental Health Centres	S.268(1C)				.00					.00	
Qualifying Sports Injury Clinics	S.268(2B)				.00					.00	
Buildings used for certain childcare purposes	S.843A				.00					.00	
Specialist Palliative Care Units	S.268(1)(m)				.00	\square				.00	
Buildings or Structures in registered caravan & camping sites	S.268(2D)				.00					.00	
Mid-Shannon Corridor Tourism Infrastructure Investment Scheme	S.372AW				.00					.00	
Living City Initiative	S.372AAC		\downarrow		.00			<u> </u>		.00	
Aviation Services Facilities	S.268(1)(n)			,	.00		,	,		.00	

Where the scheme(s) on which you are claiming relief is/are not listed above state the name of the Incentive Scheme(s), quote the relevant Section and enter the amount of relief claimed in the year (Owner Occupier, Investor–Lessor).

.00