



A PAYEE INFORMATION

Surname	
First Name	
Address House No.	
Street	
Locality	
Postcode	
Telephone Number	

For Year Ended 31 December	A1				
		Y	Y	Y	Y
Payee's ID Card/IT Reg. No.	A2				
Payee's Social Security No.	A3				
Spouse's ID Card/IT Reg. No.	A4				

B PERIOD

B1 From

d	d	m	m	y	y	y	y		

B2 To

d	d	m	m	y	y	y	y		

C GROSS EMOLUMENTS

Gross Emoluments (FSS Main or FSS Other applies)	C1							Number of Overtime Hours				
Overtime (Eligible for 15% tax deduction)	C1A											
Director's Fees	C1B											
Gross Emoluments (FSS Part-time method applies)	C2							Breakdown of Fringe Benefits				
Fringe Benefits - Excluding Share Options (Total of Boxes (C5+C6+C7)-(C8))	C3							Cat 1 C5				
Share Options fringe benefits taxed at 15%	C3a							Cat 2 C6				
Total Gross Emoluments and Fringe Benefits	C4							Cat 3 C7				
								C8				

Non Taxable Car Crash Allowance (50% of Allowance up to a maximum of €1170)

D TOTAL DEDUCTIONS

Tax Deductions (FSS Main or FSS Other)	D1							Tax Arrears Deductions	D3				
Tax Deductions (Eligible Overtime)	D1A							15% tax on Share Options	D3a				
Tax Deductions (FSS Part-time)	D2												
NB: If part-time tax is less than the relative rate the whole emoluments will be charged at normal rates.								Total Tax Deductions	D4				

E SOCIAL SECURITY AND MATERNITY FUND INFORMATION

Basic Weekly Wage				Social Security Contributions						Maternity Fund Contributions		Weeks Without Pay		
€	C	Number	Category	Payee		Payer		Total SSC		Payer		From	To	Number
				€	C	€	C	€	C	€	C			
Total												E1		
Voluntary Occupational Pension Scheme contribution or payment										€				

F PAYER INFORMATION

Business Name	
Business Address House No.	
Street	
Locality	
Postcode	
Telephone Number	
Principal's Full Name	
Principal's Position	
Principal's Signature	

F1 Payer PE Number

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F2 Date

d	d	m	m	y	y	y	y		

This form is to be completed in quadruplicate. The original is to be sent to the Office of the Commissioner for Revenue with the FS7, two copies are to be given to the Payee and the other copy is to be retained by the Payer.