



**SECTION 1** To be completed by the Payee and given to the Payer  
Fill in Parts A and F and ONLY ONE of Parts B, C or D

**A GENERAL INFORMATION**

I.D Card / IT Reg. No.	A1														
Spouse ID Card / IT No.	A2														
Date of Marriage (if applicable)															
Surname															
First Name															
Address	House No.														
	Street														
	Locality														
Postcode															
Date of Birth	A3														
Social Security Number															

**B MAIN SOURCE OF EMOLUMENT INCOME** (See notes overleaf & tick the correct box)

"Single" rates of tax	B1	
"Married" rates of tax	B2	
"Parent" rates of tax	B3	
Overseas Employment rate of tax (15%)	B4	
Persons returning to Employment or Total Income less than €9,840	B5	
Other Tax Schemes	B6	
Main income from a qualifying sport activity (7.5%)	B7	

**C PART-TIME EMPLOYMENT (QUALIFYING)** Tick the correct box

Pensioner	C1	
Full-time student/apprentice	C2	
Employed full-time elsewhere	C3	
If employed full-time elsewhere, provide full-time employer PE No.		
Married, not employed full-time elsewhere having a spouse being a full-time employee or pensioner	C4	
<b>NIL Tax Rate</b>		
Tick box C5 ONLY if your projected income from all sources for the year is expected to be below the taxable limits Note: You may lose your right to benefit from the reduced rate if you tick this box incorrectly	C5	
<b>Withhold Tax</b>		
Tick box C6 if earning income from a qualifying sport activity and opting for final Withholding Tax at 7.5%	C6	
Tick box C7 to instruct your employer to start deducting at 15%	C7	
Effective Date	C8	

**D OTHER EMOLUMENT INCOME** (Tick the applicable box)

Deduct at the prescribed rate (20%)	D1	
Deduct at a higher rate (You may indicate rate or leave blank and payer will calculate)	D2	
Deduct at a lower rate	D3	
<input type="checkbox"/> If pensioner or full-time student, indicate rate		
<input type="checkbox"/> If not a pensioner or full-time student, tick this box to request Cfr's permission	D4	

**E 15% TAX ON OVERTIME**

I opt not to be deducted 15% tax on my overtime income	E1	
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**F PAYEE'S DECLARATION**

I, the undersigned, certify that the information given on this form is true and correct.	Date	
Signature		

**SECTION 2** To be completed by the Payer  
Fill in Parts A and F and ONLY ONE of Parts B, C or D

**A GENERAL INFORMATION**

P.E. Number	A4														
Business Name															
Business Address															
House / No.															
Street															
Locality															
Postcode															
Telephone No.															

**B FSS MAIN TAX DEDUCTION**

Use "single" rates if payee ticked B1	B8	
Use "married" rates if payee ticked B2	B9	
Use "parent" rates if payee ticked B3	B10	
Withhold 15% tax if payee ticked B4	B11	
Do not withhold tax if payee ticked B5	B12	
Withhold 15% tax if payee ticked B6	B13	
Withhold 7.5% tax if payee ticked B7	B14	

**C FSS PART-TIME TAX DEDUCTION**

Effective Date for application of Part time rate	C9	
<b>Part time tax deduction rate</b> (insert rate which is applicable)		
C10	<input type="checkbox"/>	0% tax rate
C11	<input type="checkbox"/>	7.5% tax rate
C12	<input type="checkbox"/>	15% tax rate

**D FSS OTHER EMOLUMENTS TAX DEDUCTION**

Tax deduction rate on other emoluments	D5	<input type="checkbox"/> % (Insert rate)
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**E TAX DEDUCTION ON OVERTIME**

Do not deduct tax if employee marked E1	E2	
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**F PAYER'S NAME AND SIGNATURE**

Full Name & position	
Signature	