



A PAYER INFORMATION

Business Name												
Business Address												
House No.												
Street												
Locality												
Postcode												
Telephone Number												
Fax Number												

Payer P.E. No.

A1

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Payment for Month of

A2

m	m	y	y	y	y

B NUMBER OF PAYEES

Number of Payees (FSS Main or FSS Other Tax Deduction Method applies)

B1

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Number of Payees (FSS Part time Tax Deduction Method applies)

B2

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C GROSS EMOLUMENTS

Gross Emoluments (FSS Main or FSS Other applies)

Overtime (Eligible for 15% tax deduction)

Gross Emoluments (FSS Part-time method applies)

Taxable Fringe Benefits

(Total of all Categories less any Non-Taxable Car Allowance)

Total Gross Emoluments and Fringe Benefits

€

C1

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C1A

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C2

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C3

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C4

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D TAX DEDUCTIONS AND SSC DUE TO THE COMMISSIONER FOR REVENUE

Tax Deductions (FSS Main or FSS Other applies)

Tax Deductions (Eligible overtime income)

Tax Deductions (FSS Part-time method applies)

Tax Arrears Deductions (as per amount on PCU2(A))

Total Tax Deductions

Social Security Contributions

Maternity Fund Contributions

Total Due to the Commissioner for Revenue

€

D1

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D1A

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D2

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D3

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D4

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D5

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D5a

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D6

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E PAYMENT DETAILS

Date of Payment

d	d	m	m	y	y	y	y

Total Payment

E1

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Details of Cheque (if applicable)

Bank

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Branch

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Cheque No.

E2

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Bank Account No.

E3

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Details of person making payment

Full Name

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Signature

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For Official Use Only

Receipt No.

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Date

d	d	m	m	y	y	y	y

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