



# FS7 FINAL SETTLEMENT SYSTEM (FSS)

Payer's Annual  
Reconciliation Statement

## A PAYER INFORMATION

|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Telephone Number      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal's Full Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal's Position  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal's Signature |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

For Year Ended 31 December A1 

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Payer P.E. No.  
A2 

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IT Reg. No. A3 

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Jobsplus Reg. No. 

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Date  
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| d | d | m | m | y | y | y | y | y | y |

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|--|------------------------------|-----------------------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Have you paid or reimbursed the cost of<br>Childcare Facility for the benefit of Employees     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If "Yes" insert amount paid and<br>number of Employees                          | Amount<br>€ <table border="1"><tr><td colspan="10"></td></tr></table> |  |  |  |  |  |  |  |  |  |  | Employees<br><table border="1"><tr><td colspan="10"></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|  |                              |                             |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                              |                             |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Are you reporting any share options / awards<br>income taxed at 15% in the FS3s for this year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If "Yes", insert total amount of income<br>reported and the number of employees | Amount<br>€ <table border="1"><tr><td colspan="10"></td></tr></table> |  |  |  |  |  |  |  |  |  |  | Employees<br><table border="1"><tr><td colspan="10"></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|  |                              |                             |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                              |                             |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## B NUMBER OF FS3s ISSUED

B1 

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## C GROSS EMOLUMENTS

|   | €   |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|
| Gross Emoluments (FSS Main or FSS Other applies)  | C1 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |
| Overtime (Eligible for 15% tax deductions)  | C1A <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |
| Director's Fees   | C1B <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |
| Gross Emoluments (FSS Part-time method applies)   | C2 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |
| Fringe Benefits - Excluding Share Options<br>(Total of all Categories less any Non-Taxable Car Allowance) | C3 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |
| Share Options fringe benefits taxed at 15%  | C3a <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |
| <b>Total Gross Emoluments and Fringe Benefits</b>   | C4 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |  |  |  |  |  |  |  |  |  |
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## D TAX DEDUCTIONS DUE AS PER FS3s ATTACHED

|   | €   |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|
| Tax Deductions (FSS Main or FSS Other) D1 | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |
| Tax Deductions (Eligible Overtime) D1A    | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |
| Tax Deductions (FSS Part-time) D2         | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |
| Tax Arrears Deductions D3                 | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |
| 15% tax on Share Options D3a              | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |
| <b>Total Tax Deductions D4</b>            | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
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## E1 SOCIAL SECURITY CONTRIBUTIONS DUE TO CFR AS PER FS3s ATTACHED

E1 € 

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## E2 MATERNITY FUND CONTRIBUTIONS DUE TO CFR AS PER FS3s ATTACHED

E2 € 

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## F PAYMENTS MADE TO CFR DURING THE YEAR

| Month | Receipt No. | Date | FSS Tax<br>€ | SSC<br>€ | C | Maternity Fund<br>€ | C | Month | Receipt No. | Date | FSS Tax<br>€ | SSC<br>€ | C | Maternity Fund<br>€ | C |
|-------|-------------|------|--------------|----------|---|---------------------|---|-------|-------------|------|--------------|----------|---|---------------------|---|
| Jan   |             |      |              |          |   |                     |   | Jul   |             |      |              |          |   |                     |   |
| Feb   |             |      |              |          |   |                     |   | Aug   |             |      |              |          |   |                     |   |
| Mar   |             |      |              |          |   |                     |   | Sep   |             |      |              |          |   |                     |   |
| Apr   |             |      |              |          |   |                     |   | Oct   |             |      |              |          |   |                     |   |
| May   |             |      |              |          |   |                     |   | Nov   |             |      |              |          |   |                     |   |
| Jun   |             |      |              |          |   |                     |   | Dec   |             |      |              |          |   |                     |   |

If the Total paid (F1) plus 10% of Covid-19 Wage Supplement (F2) is less than total due (FS3) please enclose outstanding payment with FS5 form. In the case of overpayment please enclose a letter with this form explaining why the amounts differ.

|    |                                     |     |     |                |
|----|-------------------------------------|-----|-----|----------------|
| F1 | Total Paid Jan - Dec                |     |     |                |
| F2 | 10% of Covid-19 Wage Supplement     |     |     |                |
| F3 | Total due as per above (D4, E1, E2) |     |     |                |
| F4 | Ammon Underpaid/Overpaid            |     |     |                |
|    |                                     | Tax | SSC | Maternity Fund |