P35 DECLARATION

FOR YEAR ENDED 31 DECEMBER





RETURN BY 15 FEBRUARY To: Office of the Collector-General, PO Box 354, Limerick.

PLEASE QUOTE REGISTRATION NUMBER BELOW IN ALL CORRESPONDENCE.

Guidelines for completion of P35 declaration below

A TOTAL TAX/INCOME LEVY LIABILITY

At A below enter total net tax and total Income Levy deducted for all employees (including employees subject to exclusion orders, if any), minus all net tax refunded, if any.

B TOTAL PRSI/PARKING LEVY LIABILITY

At B below enter total PRSI (employer + employee) and total Car Parking Levy for all employees.

C TOTAL A + B LIABILITY

At C below enter the combined total of A + B.

D TOTAL TAX PAID

At D below enter the total amount already paid.

E CLAIMED REFUND

If the total entered at "C" is less than the amount at "D" enter the difference at "E" to claim the excess credit.

AMOUNT PAYABLE

If the amount at "D" is less than he total at "C" please enclose payment for that balance and enter the amount of payment at "

Please

- Fite whole euro only do not use cent. • Use Black Ball Point Pen.
- Remember to sign the Declaration below and give a contact phone number.
 If the amount at Lines A, B or C is ZERO enter 0 do not leave blank, do not write Nil.

HELPLINE

15

If you have a query in relation to this form phote o-Call 1890 - 25 45 65 International Customers please phone + 353 67 63400 e-MAIL p35helpline@revenue.ie

PHOTOCOPIES OF THIS FORM ARE NOT ACCEPTAB



Please complete below, detach and leturn			∓ 1
N.B. This de	eclaration can only be used in respect of the employer named	C AC	
NAME:		AO, I, III	.00
REG. No:		В	.00
YEAR END:	3 1 D E C	10	
NOTICE NO:		C , , , , ,	.00
		D , , ,	.00
I certify and declare that all particulars required to be entered by me in this return are fully and truly stated to the best of my knowledge and belief.		E	.00
EMPLOYER'S SIGNATURE:		F	P35
PHONE NO:	DATE:	r , , , , ,	.00
Please do not fold or	r write below this line.		-1