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.

F AMOUNT PAYABLE

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

Please

- Use Black Ball Point Pen.
- Enter whole euro only - do not use cent.
- 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

If you have a query in relation to this form phone Lo-Call **1890 - 25 45 65**
International Customers please phone + **353 67 63400**
e-MAIL **p35helpline@revenue.ie**
PHOTOCOPIES OF THIS FORM ARE NOT ACCEPTABLE

Revenue

Please complete below, detach and return

N.B. This declaration can only be used in respect of the employer named.

NAME:

REG. No:

YEAR END: 31 DEC

NOTICE NO:

A	.00
B	.00
C	.00
D	.00
E	.00
F	.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.

EMPLOYER'S SIGNATURE: _____

PHONE NO: _____ **DATE:** _____

Please do not fold or write below this line.

P35 F