

# Tax Refund Application Form

Complete each section applicable to your circumstances



## PERSONAL DETAILS

First Name  Surname

Postal Address

Date of Birth     PPS No.

Mobile No.  E-mail

Occupation

Tick years you had a full medical card  13  14  15  16 Med Card No.

Note Please enclose a copy of your passport/drivers licence & a recent utility bill

## MARITAL STATUS & DETAILS

Marital Status  Single  Married  Separated  Divorced  Widowed

Date change in Marital Status

Number of dependent children  Incapacitated child consultation required  Yes  No

Spouse Name  Spouse Maiden Name

Spouse Date of Birth     Spouse PPS No.

Spouse Occupation

Tick years your spouse had a full medical card  13  14  15  16 Med Card No.

## FOR MORE REFUNDS

	2013	2014	2015	2016
Did you pay into a Private Pension Scheme?	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
We check for Income Levy & USC refunds as standard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## MEDICAL EXPENSES\*

	2013	2014	2015	2016
Amount spent on <b>Prescription</b> expenses each year?	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Amount of <b>Doctor, Hospital or other allowable expenses</b> each year?	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Amount of allowable <b>Dental</b> expenses each year? (eg; Crowns, Root Canal, Orthodontics)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Amount of GP prescribed <b>Physiotherapy</b> or similar treatment expenses each year?	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Did Medical Insurance or other scheme reimburse any of the medical expenses above? (Enter Amount)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

\* The Revenue Commissioners require you to retain backup documentation for any medical expense claims

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JUST A FEW MORE QUESTIONS	2013	2014	2015	2016
<b>Single Parent Tax Status</b> Tick if you lived with a partner in the year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tuition Fees</b> Tick if you had eligible tuition fees – include the receipt and we will check eligibility for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Income</b> If you had income other than Irish PAYE, Pension or Social Welfare income, please tick year and provide details separately (eg; Rental, Farming income etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your employer pay any part of your or your spouses Medical Insurance? Please tick years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## RENT DETAILS

Please include details of your rent for each tenancy in the last 4 years.  
 If you only started renting after 7/12/2010 you will not be eligible for a Rent Tax Credit.

**YEAR 2013**

Rent paid to  Landlord  Estate Agent

Date tenancy commenced  /  /  Amount of rent paid in year  €

Date tenancy ended  /  /  Landlord/Agent Name

Rental Address  Landlord Address

**YEAR 2014**

Rent paid to  Landlord  Estate Agent

Date tenancy commenced  /  /  Amount of rent paid in year  €

Date tenancy ended  /  /  Landlord/Agent Name

Rental Address  Landlord Address

**YEAR 2015**

Rent paid to  Landlord  Estate Agent

Date tenancy commenced  /  /  Amount of rent paid in year  €

Date tenancy ended  /  /  Landlord/Agent Name

Rental Address  Landlord Address

**YEAR 2016**

Rent paid to  Landlord  Estate Agent

Date tenancy commenced  /  /  Amount of rent paid in year  €

Date tenancy ended  /  /  Landlord/Agent Name

Rental Address  Landlord Address

**HOW DID YOU HEAR ABOUT US?**

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## DECLARATION TO THE REVENUE COMMISSIONERS OF IRELAND – AUTHORISATION FORM PAYE A2

### 1. Authorisation to act as agent

I  (first name, surname)

Date of Birth    PPS No.

E-mail Address  (mandatory)  
(of taxpayer)

authorise Coll, Mc Hugh & Co, T/A The Tax Clinic, TAIN 73437D, with an address at St.Columba's Tce., High Road, Letterkenny, Co. Donegal to act as my agent in dealing with all aspects of the filing of my Irish income tax return, including the submission of refund or credit claims, allowances or reliefs.

I confirm that all documentary evidence of entitlement to credits/reliefs claimed and taxable income sources, will be held for a period of 6 years beginning at the end of the year of assessment to which the Return of Income and/or claim relates by (select preferred option)  Coll, Mc Hugh & Co, T/A The Tax Clinic OR myself  (mandatory)

I confirm that this authorisation will remain in force until Revenue is formally notified of its cessation by either myself or Coll, Mc Hugh & Co, T/A The Tax Clinic.

### 2. Authorisation for Agent to receive refunds on behalf of client

I authorise the transfer of any refund or repayment of PAYE/Income Levy/Universal Social Charge due to me by the Revenue Commissioners by electronic funds transfer to the following bank account which is held by Coll, Mc Hugh & Co, T/A The Tax Clinic.

**Bank:** Ulster Bank  
**Sort Code:** 98-59-10  
**Account Number:** 10407311  
**Name of Account Holder:** Coll, McHugh & Co.

I understand that any refund made by the Revenue Commissioners to my agent, Coll, Mc Hugh & Co, T/A The Tax Clinic, on my behalf is refunded in a similar manner as if same were being refunded directly to me and that once the refund is transferred into the bank account nominated by me I have no further call upon the Revenue Commissioners in respect of same. I understand that Coll, Mc Hugh & Co, T/A The Tax Clinic, is acting as my agent and is solely responsible to me in respect of any refund received by them on my behalf. I further understand that my agent Coll, Mc Hugh & Co, T/A The Tax Clinic, is an independent entity and that the Revenue Commissioners make no endorsement of my agent or any such agency and cannot accept any responsibility whatsoever for problems encountered by me in dealing with them.

I understand and agree that Coll, Mc Hugh & Co, T/A The Tax Clinic, will input its own bank account details on the Revenue record for the duration of this mandate and will remove these details on the cessation of the mandate.

I confirm that I am aware of, and agree to, the payment of the fees charged by Coll, Mc Hugh & Co, T/A The Tax Clinic, in respect of the services carried out on my behalf and that this fee will be deducted from any amount refunded by Revenue and that the balance of this amount will be paid to me.

### 3. Terms and Conditions of Authorisation

I understand that Tax law provides for both civil penalties and criminal sanctions for the failure to make a return, the making of a false return, facilitating the making of a false return, or claiming tax credits, allowances or reliefs which are not due.

I confirm that I will provide the necessary documentation to Coll, Mc Hugh & Co, T/A The Tax Clinic to support any refund, credit claims or claims for allowances and reliefs made to Revenue on my behalf by Coll, Mc Hugh & Co, T/A The Tax Clinic.

I confirm that I will provide details of all my sources of income to Coll, Mc Hugh & Co, T/A The Tax Clinic.

I understand that the person selected in Section 1 above is required to retain all documentation relating to any refund or credit or allowance or relief claimed by the agent on my behalf for a period of 6 years beginning the end of the year of assessment to which the Return of Income and/or claim relates and that Coll, Mc Hugh & Co, T/A The Tax Clinic. will be required to produce same to the Revenue upon request.

Signed:  Date:   
Client

Signed:  Date:   
Agent

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## CUSTOMER AGREEMENT WITH AGENT

### I confirm that:

1. I have not filed an Income Tax Return in Ireland for the mandated tax years being assessed or authorised any other party to do so
2. I authorise Coll, McHugh & Co., T/A The Tax Clinic to act as my agent and represent me with the Revenue Commissioners for the mandated tax years
3. Unless otherwise agreed, I agree a commission rate of 15% of any refunds received
4. Where I receive the full refund cheque from the Revenue Commissioners, I agree to send the agreed commission and fees to Coll, McHugh & Co., T/A The Tax Clinic within a period of five days. At the expiration of that period any outstanding amount on the account will be subject to interest on late payments (Commercial Transactions) regulations 2002
5. I understand that while Coll, McHugh & Co., T/A The Tax Clinic will attempt to achieve my maximum allowable refund, the Revenue Commissioners have the final say on the refund amount due and have no recourse to Coll, McHugh & Co. for any difference between the amount of the refund estimate and the refund received. I also understand that the Revenue Commissioners may require receipts and documents to support items claimed
6. I have given Coll, McHugh & Co., T/A The Tax Clinic all the information required by the Revenue Commissioners. I agree to disclose fully in writing at the outset any information that may impact on my tax assessment by revenue
7. "Any refunds or repayments in respect of a tax year or transaction for which the Tax Clinic has not been mandated by the client; or any refund or repayment under Revenue's automatic tax refund programme will be paid in full to the taxpayer, without deduction of fees or commission"

## THE TAX CLINIC

**We take great pride in our personal service and we apply all due diligence and care to your refund application and personal information. Specifically:**

- We will phone or email same day to let you know your application form has arrived and confirm the next steps. We will begin registration as your tax agent immediately.
- Once we are registered as your agent, we will review and submit your taxes within 3 working days. We will notify you of this same day with information on your refund submissions and an estimate of the Revenue's review time.
- The Revenue Commissioners will send both you as customer and us as agent a copy of a tax statement when a tax refund review is complete. We will check this statement the day it arrives to ensure it is correct and contact you for payment details same day. Payment will be made within 2 working days of receipt of your payment details.
- We will retain and protect your personal information as per the relevant data protection legislation.

Name in Print

Spouse's Name

Signature

Spouse's Signature

Date




**Please scan and e-mail completed applications to: [info@thetaxclinic.ie](mailto:info@thetaxclinic.ie) or post to:**

The Tax Clinic  
 St. Columba's Tce.  
 High Rd., Letterkenny  
 Co. Donegal

Tel: 074 9160 550