

Please complete the form below and post or fax it to us.

Name

Email Address

Married

Date of Birth **dd/mm/yyyy** **Self**

Spouse

Dependent Children

(< 16 yrs OR over 16 and in receipt of children allowance)

P60 Details _____

Gross pay

PAYE deducted

Director of any company

Income Levy Details

Jan – Apr Gross Income

Income Levy Deducted

May – Dec Gross Income

Income Levy Deducted

Social Welfare Received

Details

Amount

Other Income

Deposit Interest

Share / Credit Union Dividend

Rental Income

Rent Receivable

Allowable Interest

Other Expenses

Dependent Relative (number of)

Employing A Carer

Amount Paid

Permanent Health**Insurance**

Amount Paid

Qualifying Tuition Fees

Course Details

Amount Paid

Service Charges (Paid in '08)**Trade Union Subscriptions**

*

Rental Tax Credit

Amount Paid

Donation

Details

Amount Paid

Health Expenses

Doctor / Prescriptions

Other

Dental - Amount

- MED 2 Received

*

Pension

Non employments based pension contributions.

Other Information

(* - Tick box if YES)