



SECTION 1 To be completed by the Payee and given to the Payer
Fill in Parts A and F and ONLY ONE of Parts B, C or D

A GENERAL INFORMATION

| | | | | | | | | | | |
|-------------------------------------|-----------|----------------|---|---|---|---|---|---|---|--|
| I.D Card / IT Reg. No. | A1 | 9 | 8 | 7 | 6 | 5 | 4 | M | | |
| Spouse ID Card / IT No. | A2 | | | | | | | | | |
| Date of Marriage (if applicable) | | | | | | | | | | |
| Surname | Panda | | | | | | | | | |
| First Name | Red | | | | | | | | | |
| Address | House No. | Tree #0462 | | | | | | | | |
| | Street | Bamboo Street | | | | | | | | |
| | Locality | The Red Forest | | | | | | | | |
| Postcode | | | T | R | F | 0 | 1 | 2 | 3 | |
| Date of Birth | A3 | 1 | 8 | 0 | 6 | 1 | 9 | 9 | 8 | |
| Social Security Number | | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |

B MAIN SOURCE OF EMOLUMENT INCOME (See notes overleaf & tick the correct box)

| | | |
|---|----|-------------------------------------|
| "Single" rates of tax | B1 | <input checked="" type="checkbox"/> |
| "Married" rates of tax | B2 | <input type="checkbox"/> |
| "Parent" rates of tax | B3 | <input type="checkbox"/> |
| Overseas Employment rate of tax (15%) | B4 | <input type="checkbox"/> |
| Persons returning to Employment or Total Income less than €10,535 (basis year 2023) | B5 | <input type="checkbox"/> |
| Other Tax Schemes | B6 | <input type="checkbox"/> |
| Main income from a qualifying sport or arts activity (7.5%) | B7 | <input type="checkbox"/> |

C PART-TIME EMPLOYMENT (QUALIFYING) Tick the correct box

| | | |
|---|----|--------------------------|
| Pensioner | C1 | <input type="checkbox"/> |
| Full-time student/apprentice | C2 | <input type="checkbox"/> |
| Employed full-time elsewhere | C3 | <input type="checkbox"/> |
| If employed full-time elsewhere, provide full-time employer PE No. | | |
| Married, not employed full-time elsewhere having a spouse being a full-time employee or pensioner | C4 | <input type="checkbox"/> |
| NIL Tax Rate | | |
| Tick box C5 ONLY if your projected income from all sources for the year is expected to be below the taxable limits Note: You may lose your right to benefit from the reduced rate if you tick this box incorrectly | C5 | <input type="checkbox"/> |
| Withhold Tax | | |
| Tick box C6 if earning income from a qualifying sport or art activity and opting for final Withholding Tax at 7.5% | C6 | <input type="checkbox"/> |
| Tick box C7 to instruct your employer to start deducting at 10% | C7 | <input type="checkbox"/> |
| Effective Date | C8 | |

D OTHER EMOLUMENT INCOME (Tick the applicable box)

| | | |
|---|----|--------------------------|
| Deduct at the prescribed rate (20%) | D1 | <input type="checkbox"/> |
| Deduct at a higher rate (You may indicate rate or leave blank and payer will calculate) | D2 | <input type="checkbox"/> |
| Deduct at a lower rate | D3 | <input type="checkbox"/> |
| <input type="checkbox"/> If pensioner or full-time student, indicate rate | | |
| <input type="checkbox"/> If not a pensioner or full-time student, tick this box to request CfR's permission | D4 | <input type="checkbox"/> |

E 15% TAX ON OVERTIME

| | | |
|--|----|--------------------------|
| I opt not to be deducted 15% tax on my overtime income | E1 | <input type="checkbox"/> |
|--|----|--------------------------|

F PAYEE'S DECLARATION

I, the undersigned, certify that the information given on this form is true and correct.

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2 | 1 | 0 | 7 | 2 | 0 | 2 | 3 |
|---|---|---|---|---|---|---|---|

Signature _____

SECTION 2 To be completed by the Payer
Fill in Parts A and F and ONLY ONE of Parts B, C or D

A GENERAL INFORMATION

| | | | | | | | | |
|------------------|----------------|------------------|---|---|---|---|---|---|
| P.E. Number | A4 | 6 | 5 | 4 | 3 | 2 | 1 | |
| Business Name | Red Panda City | | | | | | | |
| Business Address | House / No. | 91, Building 3 | | | | | | |
| | Street | The Green Forest | | | | | | |
| | Locality | Red Panda City | | | | | | |
| | Postcode | | R | P | C | 0 | 9 | 8 |
| Telephone No. | | | | | | | | |

B FSS MAIN TAX DEDUCTION

| | | |
|--|-----|-------------------------------------|
| Use "single" rates if payee ticked B1 | B8 | <input checked="" type="checkbox"/> |
| Use "married" rates if payee ticked B2 | B9 | <input type="checkbox"/> |
| Use "parent" rates if payee ticked B3 | B10 | <input type="checkbox"/> |
| Withhold 15% tax if payee ticked B4 | B11 | <input type="checkbox"/> |
| Do not withhold tax if payee ticked B5 | B12 | <input type="checkbox"/> |
| Withhold 15% tax if payee ticked B6 | B13 | <input type="checkbox"/> |
| Withhold 7.5% tax if payee ticked B7 | B14 | <input type="checkbox"/> |

C FSS PART-TIME TAX DEDUCTION

Effective Date for application of Part time rate

C9

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Part time tax deduction rate
(insert rate which is applicable)

C10 0% tax rate

C11 7.5% tax rate

C12 10% tax rate

D FSS OTHER EMOLUMENTS TAX DEDUCTION

Tax deduction rate on other emoluments

D5 %
(Insert rate)

E TAX DEDUCTION ON OVERTIME

| | | |
|---|----|--------------------------|
| Do not deduct tax if employee marked E1 | E2 | <input type="checkbox"/> |
|---|----|--------------------------|

F PAYER'S NAME AND SIGNATURE

Full Name & position **Buddy The Red Panda - Payroll Companion**

Signature _____