



TAX RETURN FORM

TAX YEAR

Fill in this form and return it to us with your receipts.

Email - info@mcmahonandco.ie OR

Post - McMahon & Co, 9-10 Academy Court, Academy Street, Kildare Town, Co. Kildare

N.B: Please make sure all attachments are included e.g., Statements etc

PERSONAL DETAILS

Name:			
Address:			
Email:			
Date of Birth:			
Job Description:			
Nationality:			PPS No
Marital Status:	Single		Married
	Divorced		Partner
			Widowed
			Separated
If relevant:			
Date of Marriage:			
Divorce/Separation:			
Date of Spouse Death:			

YES NO

Do you have any children under 18 or in full-time education?		
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If yes, please confirm the below for youngest child:

Date of Birth:			
PPS:			
Residency Details:	Resident		Domiciled in Ireland
	Non Resident		Not Domiciled in Ireland
			Country of Domicile
	ORD Resident		
	Non ORD Resident		

Spouse Details (if Applicable)

Full Name:				
Date of Birth:				
Nationality:		PPS No		
Job Description:	Employed		Company Director	
	Self Employed		Farmer	
Residency Details:	Resident		Domiciled in Ireland	
	Non Resident		Not Domiciled in Ireland	
			Country of Domicile	
	ORD Resident			
	Non ORD Resident			

TAX RETURN CHECKLIST

Please tick the Self and/or Spouse box and fill in the details, where relevant:

Medical Expenses:	Self	Spouse
Did you have any medical expenses not reimbursed by your health insurance? E,g, Prescriptions/GP/Consultant/Dental Expenses Optical etc		

Please provide details:

Did you have any GP-referred expenses for physiotherapy or coeliac foods? Please provide details:		
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Did you pay any nursing home fee's?		
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Please provide details:

	Self	Spouse
Did you hold a GP Card?		
Did you hold a Full Medical Card?		
If Yes, Please confirm expiry date?		

Also, please provide copy of the card

Non-PAYE Income:	Self	Spouse
Income from Department of Social Protection		

E.g, Old Age Pension, Maternity, Illness, Disability, Jobseekers, Carers Benefit/Widows Pension etc

Please provide details below & provide a DOSP Statement of income for the year.

Deposit Interest:	Self	Spouse

Please provide Statement

Dividend Income: (I.e, Income received from Shares)		
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Please provide Statement

Income from abroad (e,g foreign pension, employment, rental)		
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Rental / Self Employment Income:		
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If you Tick Yes, *please complete the next tab (Rental Income / Self Employed Income)*

Director of Company owning at least 15% of the Shares - (Whether trading or not)		
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Offshore Funds:		
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Please provide statement for the relevant year

ADDITIONAL ALLOWANCES & CREDITS

1. Remote Working Credit:	Self	Spouse

	Total Annual Bill		Remote Working Days
Electricity / Heating Bills		X	

Broadband		X	
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2. Mortgage Interest Tax Credit

Finance Bill 2023 introduces a temporary one-year Mortgage Interest Tax Credit. The credit is for taxpayers who have made payments in respect of a qualifying loan for a principal private residence. The Mortgage Interest Tax credit is only available for the year 2023. Please provide us with:

1. Mortgage statement showing the balance at 31 December 2022 & 31 December 2023.
2. Mortgage interest certificate showing the interest at 31 December 2023.
3. Local Property Tax (LPT) I.D. Number.

3. Third Level College Fees

Self	Spouse

Did you pay any 3rd level college fees for your or your dependents?

If Yes - Name of College & What Course:

Amount Paid:

Full Time Or Part Time course:

4. Home Carer Tax Credit

Self	Spouse

Home Carer Tax Credit (Either Spouse is a full time home-maker)?

5. Did you make any Pension payments, not deducted directly by your employer?

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If so, How Much?

6. Does your Employer pay your Health Insurance?

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Provide copy of policy showing Payments & Confirm how much?

7. Income Protection Insurance not deducted through

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Payroll? If Yes, please confirm how much

8. Maintenance Payments made & tax deductions made?

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If Yes, please confirm how much

9. Incapacitated Child Tax Credit?

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If Yes, please confirm the Below:

Full Name:

Date of Birth:

PPS:

10. Single Parent/Person Child Tax Credit?

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Primary or Secondary Carer

11. Do you have any Dependant relatives who were incapacitated or over 65?

If Yes, please confirm your relationship?

Full Name:

Date of Birth:

PPS:

12. Are you entitled to claim the Rent Tax Credit?

If Yes, please complete below Rent Tax Credit Application Details Form

Note - The following are In-eligible for Rent Tax Credit

- a) if you are in receipt of HAP/RAS or any other State Housing Support Schemes, you are not eligible for the Rent Tax Credit
- b) Where the landlord is a Government Minister or a Commissioner of Public Works who owns the property in an official capacity, Creditor is a Housing Authority, or Housing Association you are not eligible for the Rent Tax
- c) The Rent Tax Credit cannot be claimed for rent paid to parents.
- d) The Rent Tax Credit cannot be claimed for rent paid to your children.
- e) The Rent Tax Credit can only be claimed for your PPR, or properties used for work or study.

1. Who are you claiming for?

Self	Child
<input type="checkbox"/>	<input type="checkbox"/>

2. I confirm that the landlord is not a Government Minister or a Commissioner of Public Works who owns the property in an official capacity, and is not a Housing Authority, or Housing Association *

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. PPS of Tenant?

<input type="text"/>

4. Is the property a RTB registered property?

If yes, please confirm RTB Registered number of the property

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	

5. Are you related to your landlord?

If yes, please state the nature of your relationship

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	

Is the property your Principle Private Residence

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Property Details:

1. Start Date of Tenancy*

<input type="text"/>

2. Estimated End Date of Tenancy*

3. Rented Property Address

4. Eircode of Rented Property

5. Local Property Tax Property ID

Landlord / Agent Details:

1. Landlord / Agent Address:

2. Landlord is Irish Resident:

3. Landlord / Agent PPS/TRN:

4. Name of person OR Agent rent has been paid to:

PLEASE NOTE

ALL INFORMATION ABOVE MUST BE FULLY COMPLETED OR THE CREDIT CANNOT BE APPLIED FOR WITH REVENUE

INHERITANCES/GIFTS/ASSETS

Did you inherit or receive any assets or cash?

Self	Spouse

Relationship of benefactor (E.g Parent/Aunt/Not Related)

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If Yes, confirm value & date of Receipt below?

Value:

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Date:

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(Please note further information will be required)

In the past 2 years, did you sell or transfer any assets e.g Shares,

Self	Spouse

Property etc? If Yes, please confirm the below:

Disposal Value:

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Date of Disposal:

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Cost/Market Value of

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Date of Acquisition:

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	Yes	No	
Was Capital Gains Tax Paid?			If Yes, How Much?

(Please note further information will be required)

RETIREMENT

	Self	Spouse
Have you recently retired?		
If Yes, Date of retirement?		
Have you had any lump sum deductions from your gratuity?		
If Yes, please provide details?		

	Self	Spouse
Did you make a Single Premium Pension Contribution?		
If Yes, please confirm the below?		
Date of Contribution:		
Provider:		
How Much:		

LOCAL PROPERTY TAX (LPT) SURCHARGE

If your LPT is not up to date or paid in full at the time of your income tax filing, Revenue are surcharging customers 10% of their Income Tax liability.

DECLARATION

I understand that my tax return will be prepared based on the details I supplied in this form. If I fail to disclose all sources of income/allowances/credits. I understand that McMahon & Co cannot be held responsible for any tax related implications.

Signature:

Date:

NOTE

You can only claim for non-routine optical expenses (E,g, Laser treatment) and dental expenses where the applicable Med 1 / Med 2 Form has been completed by your Optician/GP/Dentist.

If separated/divorced, please send us a copy of any agreement or court order and details of current maintenance payments paid/received in the relevant tax year.



RENTAL INCOME FORM

TAX YEAR

Fill in this form and return it to us with your Tax Return Form

Email - info@mcmahonandco.ie OR

Post - McMahon & Co, 9-10 Academy Court, Academy Street, Kildare Town, Co. Kildare

RENTAL DETAILS

Full Name

Type of property (please tick)

Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Other	<input type="checkbox"/>
Section 23	<input type="checkbox"/>	Holiday	<input type="checkbox"/>		

Are you registered with the residential Tenancies Board (RTB)? **Yes** **No**

Do you have more than one property? **Yes** **No**

If Yes, please fill out one of these sheets for each property.

Address of Property?

Date of first letting?

No. of months property was rented for in the year?

Total rent received for the year Jan-Dec?

EXPENSES CHECKLIST

Please tick and enclose a receipt/statement for any of the following expenses incurred in this year. Please note all expenses must be used wholly and exclusively for the above property.

	Enclosed	Total €
1. Mortgage Interest - Interest Certificate Required	<input type="checkbox"/>	<input type="text"/>
Please indicate the % of your mortgage that related to your rental property <input type="text"/> %		
2. Bank Fees and Charges	<input type="checkbox"/>	<input type="text"/>
3. Residential Tenancies Board Fee (RTB)	<input type="checkbox"/>	<input type="text"/>

- 4. Repairs and Maintenance
- 5. Insurance (Property & Contents)
- 6. Capital Expenditure (Fixtures, Fittings, Furniture or Electrical Goods - See Below
- 7. Mortgage Protection Insurance
- 8. Painting and Decorating
- 9. Accountancy Fees
- 10. Letting Agent Fees
- 11. Property Management Fees
- 12. Gardening
- 13. Any utility bills paid by you during gap in tenancies (e.g. refuse, electricity, gas etc)
- 14. Any other expenses incurred in the upkeep of the property.
- 15. Rates (commercial only)
- 16. Advertising the property
- 17. Sundry Expenses (e.g. admin costs/phone calls/stationary)
- 18. Capital Expenditure (Furniture, Fittings, Building Work etc)

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	



SELF EMPLOYMENT TAX RETURN FORM

TAX YEAR

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SELF EMPLOYMENT DETAILS

Full Name:

Type of Business (Please Tick) Sole Trader Partnership

What is the nature of your business?

Date Business first commenced?

Please tick if you are registered for any of the following?

Income Tax	<input type="checkbox"/>	RCT	<input type="checkbox"/>
Vat	<input type="checkbox"/>	Employer	<input type="checkbox"/>

CHECKLIST OF RECORDS REQUIRED FOR ACCOUNTS

If your spouse is also in receipt of self-employment income, please complete the same details below for your spouse, on a separate form.

	Tick Yes Enclosed
1. Cheque Stubs & Lodgements Books - Please ensure all stubs are fully completed and legible and lodgement books with all lodgements broken down and clearly identified.	<input type="checkbox"/>
2. Bank Statements (Current Account, Loan Account, Credit Card) covering all financial year.	<input type="checkbox"/>
3. Vat Return Records for the financial year.	<input type="checkbox"/>
4. Payroll Records for the financial year.	<input type="checkbox"/>
5. Details and receipts / invoices of any capital expenditure during your financial year.	<input type="checkbox"/>
6. Details of any business payments/receipts paid out of or into a private account.	<input type="checkbox"/>
7. Copies of any new Finance/HP agreements taken out during your financial year.	<input type="checkbox"/>
8. A list of the amounts you owe "Creditors" with statements for amounts owing at your year end.	<input type="checkbox"/>
9. A list of amounts owed to you "Debtors" at your year end.	<input type="checkbox"/>
10. Your work in progress at the year end (Work done not yet billed)	<input type="checkbox"/>

11. Backup of accounts and payroll software package if applicable.

This list is comprehensive, some of the information requested is already held by us in our offices. If this is the case, please ignore the request for those items and put McMahon & Co in the box next to the item, requested.