

## 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			
Martial Status:	Single	Married			Widowed	
	Divorced	Partner			Separated	
If relevant:						
Date of Marriage:						
Date of Divorce/Separ	ation:					
Date of Spouse Death:						
	-					
					YES	NO
Do you have any childr	en under 18 or in full-time educa	ation?				
If yes, please confirm t	the below for youngest child:					
Date of Birth:						
PPS:						
PPS:						
PPS:  Spouse Details (if Appl	licable)					
	licable)					
Spouse Details (if Appl	licable)					
Spouse Details (if Appl Full Name:	iicable)		PPS No			
Spouse Details (if Appl Full Name: Date of Birth:	icable) Employed		PPS No	Co	ompany Director	
Spouse Details (if Appl Full Name: Date of Birth: Nationality:			PPS No	Co	ompany Director Farmer	
Spouse Details (if Appl Full Name: Date of Birth: Nationality: Job Description:	Employed				_	
Spouse Details (if Appl Full Name: Date of Birth: Nationality:	Employed	<u>Self</u>		<u>Spouse</u>	_	
Spouse Details (if Appl Full Name: Date of Birth: Nationality: Job Description:	Employed Self Employed				_	
Spouse Details (if Appl Full Name: Date of Birth: Nationality: Job Description: Residency Details:	Employed Self Employed Resident	<u>Self</u>		<u>Spouse</u>	_	
Spouse Details (if Appl Full Name: Date of Birth: Nationality: Job Description: Residency Details:	Employed Self Employed	<u>Self</u>		<u>Spouse</u>	_	

	PERSONAL DETAILS CONTINUE	D		
Other Personal Information				
			Self (Y / N)	Spouse (Y / N)
Did you hold a Full Medical Card?				
	E	xpiry date		
			Self (Y / N)	Spouse (Y / N)
Director of Company owning at least 1	5% of the Shares			
			Self (Y / N)	Spouse (Y / N)
Offshore Funds (Statements required	for tax year):			

# **TAX RETURN CHECKLIST**

 ${\it Please\ tick\ the\ Self\ and/or\ Spouse\ box\ and\ fill\ in\ the\ details,\ where\ relevant:}$ 

NON-PAYE INCOME		
	Self	Spouse
1. Income from Department of Social Protection		
DOSP Statement of income for the year required.		
E,g, Old Age Pension, Maternity, Illness, Disability, Jobseekers, Carers Benefit/Widows Pension etc		
Please provide details below & provide a <u>DOSP Statement</u> of income for the year.		
	Self	Spouse
2. Deposit Interest:		- 1
Please provide Statement	Self	Chouse
3. Dividend Income: (I.e, Income received from Shares)	Seu	Spouse
Please provide Statement	Self	Spouse
4. Income from abroad (e,g foreign pension, employment, rental)		
	Self	Spouse
5. Rental / Self Employment Income:		
If you Tick Yes, please complete the next tab (Rental Income / Self Employed Income)		
6. Inherittances / Gifts / Assets		
	Self	Spouse
Did you inherit or receive any assets or cash?		
Relationship of benefactor (E.g Parent/Aunt/Not Related)  If Yes, confirm value & date of Receipt below?		
Value: Date:		
(D) and a finish a rinfo model on will be approximated)		
(Please note further information will be required)		
7. Retirement	Self	Snouse
Have you recently retired?	Jet.	Spouse
If Yes, Date of retirement?		
Have you had any lump sum deductions from your gratuity?		
If Yes, please provide details?		

# **ASSET DISPOSALS**

					Sett	Spouse
Hace you disposed of any assets (ie property, shares)? If Yes, please						
Cost/Market Value of			Date of Acqui	sition:		
Was Capital Gains Tax Paid?	Yes	No	If Yes, How	Much?		
(Please note further information wi	ill be required)					
	ADDITI	ONAL ALLOWAN	CES & CREDITS			
Health Related Expenses     a) Medical Expenses:					Self	Spouse
Did you have any medical expens Prescriptions/GP/Consultant/De			ce? E,g,			
Please provide details:						
					Self	Spouse
b) Did you have any GP-referred e or coiliac foods? Please provide d		<u>herapy</u>				
·						
c) Did you pay any nursing home f	inole?				Self	Spouse
Please provide details:	cc 3:			<u> </u>		
		Self (Y / N)		Spoi	use (Y / N)	
2. Remote Working Credit:		Annual	Remote		Annual	Remote
			work days		otal Bill	work days
Electricity / Heating Bills				<u> </u>		
Broadband		I I	1	I .		

# ADDITIONAL ALLOWANCES & CREDITS CONTINUED

# 3. Mortgage Interest Tax Credit

Finance Bill 2023 introduces a temporary Mortgage Interest Tax Credit.

 $The \ credit \ is \ for \ tax payers \ who \ have \ made \ payments \ in \ respect \ of \ a \ qualifying \ loan \ for \ a \ principal \ private \ residence.$ 

To claim the credit we require documents as follows:		<u>Document</u>	
		Provided (Y/ N)	
<ul> <li>a) Mortgage statement showing balance owed on mortgage at 31st December 2022</li> <li>b) Mortgage interest certificate showing the interest at 31 December 2022.</li> <li>c)) Mortgage interest certificate showing the interest at 31 December 2024.</li> </ul>	E		
d) Local Property Tax (LPT) I.D. Number.	Prop ID		
4. Third Level College Fees	Г	Self	Spouse
Did you pay any 3rd level college fees for your or your dependents?		T	•
If Yes - Name of College & What Course:	•	•	
Amount Paid:			
Full Time Or Part Time course:			
5. Home Carer Tax Credit		Self	Spouse
Home Carer Tax Credit (Either Spouse is a full time home-maker)?			
		Self	Spouse
6. Did you make any Pension payments, not deducted directly by your employer?			
If so, How Much?			
		Self	Spouse
7. Does your Employer pay your Health Insurance?			
Provide copy of policy showing Payments & Confirm how much?			
		Self	Spouse
8. Income Protection Insurance not deducted through?	Г		
Payroll? If Yes, please confirm how much	Г		
	<u> </u>	0.16	0
	г	Self	Spouse
9. Maintenance Payments made & tax deductions made?	<u> </u>		
If Yes, please confirm how much	<u>_</u>	Self	Spouse
10. Incapacitated Child Tax Credit?	Γ	OCII	ороизс
If Yes, please confirm the Below:	-	•	
Full Name:			
Date of Birth:			
PPS:			

# **ADDITIONAL ALLOWANCES & CREDITS CONTINUED**

11. Single Parent/Person Child Tax Credit (Co-habitation				
Primary or Secondary Carer			•	
12. Do you have any Dependant relatives who were inca	apacitated or over 65?			
If Yes, please confirm your relationship?				
Full Name:				
Date of Birth:				
PPS:				
13. Are you Tenant entitled to claim the Rent Tax Credit	?			
If Yes, please complete below Rent Tax Credit Application	n Details Form			
Note - The fo	llowing are In-eligible for Rent Tax Cred	<u>it</u>		
a) if you are in receipt of HAP/RAS or any other State Hou	sing Support Schemes, you are not eligible	le for the Re	ent Tax Credit	
b) Where the landlord is a Government Minister or a Com Housing Authority, or Housing Association you are not eli c) The Rent Tax Credit cannot be claimed for rent paid to d) The Rent Tax Credit cannot be claimed for rent paid to	gible for the Rent Tax Credit. parents.	property in	an official capaci	ty, Creditor is a
e) The Rent Tax Credit can only be claimed for your PPR, o				
a) Who are you claiming for?			Self	Child
, ,				
			Yes	1
b) I confirm that the landlord is not a Government Mins				
or a Commissioner of Public Works who owns the propagatity, and is not a Housing Authority, or Housing Ass	_			
c) PPS of Tenant?				
			Vaa	
d) I confirm tenancy is an RTB registered property?			Yes	İ
If yes, please confirm RTB Registered number of the prop	erty		!	
	·			
Charles and based to constant			Yes	No
e) Are you related to your landlord?  If yes, please state the nature of your relationship				
,,				
			Yes	
f) I confirm the property is my Principle Private Residen	ce			

# ADDITIONAL ALLOWANCES & CREDITS CONTINUED

Tenant Rent Tax Credit Continued				
Property Details:				
a) Estimated End Date of Tenancy*				
b) Rented Property Address				
c) Eircode of Rented Property				
d) Local Property Tax Property ID				
<u>Landlord / Agent Details:</u>				
a) Landlord / Agent Address:				
b) Landlord is Irish Resident:				
c) Landlord / Agent PPS/TRN:				
d) Name of person OR Agent rent has been paid to:				
a) Name of person on Agent on the been paid to.				
			Self (Y / N)	Spouse (Y/N)
14. Are you a Landlord entitled to claim Residential Pre	mises Rental Income relie	ef?		
NB - The Relief is over a 4 year period				
Clawback of any Relief rovide will be made by revenue w				
***Property is taken off the rent market within the 4 year ***LPT non comliance over the 4 year period	period.			
***RTB non Compliance over the 4 year period				
			Self (Y / N)	Spouse (Y/N)
a) Confirmation I comply with registration requirements of	of the RTB			
B) Confirmation I am compliant with the Local Property T	ay obligations		Self (Y / N)	Spouse (Y/N)
on all properties owned.	นภ อมแธนแบบ3			-1
			Self (Y / N)	Spouse (Y/N)
c) Confirmation I have a valid eTax Clearance Certificate	•			
d) LPT ID of the property rented	LPT ID - S	Self		
a) Li 1 10 of the property femed	LPT ID - S			
	= 2	Process of		

## PLEASE NOTE

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

## **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.

## **COLLEGE GRANT APPLICATIONS**

Tax Returns that are required in early June for SUSI grant College applications will need to be provided to us by 30th April to ensure we can have the returns prepared to meet the required deadline.

# 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.



## TAX YEAR **RENTAL INCOME FORM**

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

Email - info@mcmahonandco.ie @ Post - McMahon & Co, 9-10 Acad		reet, Kildare Town, C	o. Kildare	
	RENTAL	DETAILS		
Full Name				
Type of property (please tick)	Residential	Commercial		Other
	Section 23	Holiday		
Are you registered with the resid Board (RTB)?	ential Tenancies	Yes		No
Do you have more than one prop	-	Yes erty.		No
Address of Property?				
Date of first letting?				
No. of months property was rent	ed for in the year?			
Total rent received for the year J	an-Dec?			
	EXPENSES	CHECKLIST		
Please tick and enclose a receip note all expenses must be used				n this year. Please
1 Martaga Interest Interest Con	tificata Doguirad		Enclosed	Total <u>€</u>
1. Mortgage Interest - Interest Cer	·			
Please indicate the % of your mor your rental property	igage illai relateu to	%		
		, , , , , , , , , , , , , , , , , , ,		
2. Bank Fees and Charges				
3. Residential Tenancies Board Fe	ee (RTB)			

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, Buidling Work etc)	-	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		



# **SELF EMPLOYMENT TAX RETURN FORM**

TAVVEAD	
TAX YEAR	

Fill in this form and return it to us.

your financial year.

Email - info@mcmahonandco.ie OR Post - McMahon & Co, 9-10 Academy Court, Academy Street, Kildare Town, Co. Kildare						
SELF EMPLOYMENT DETAILS						
Full Name:						
Type of Business (Please Tick) Sole Tra	der 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 RCT Vat Employer					
CHECKLIST OF RECORDS P	REQUIRED FOR ACCOUNTS					
If your spouse is also in receipt of self-employment inc your spouse, on a separate form.	come, please complete the same details below for  Tick Yes  Enclosed					
1. Cheque Stubs & Lodgements Books - Please ensure a						
fully completedand legible and lodgement books with a	ll lodgements					
broken down and clearly identified.						
2. Bank Statements (Current Account, Loan Account, C	redit Card)					
covering all financial year.						
3.Vat Return Records for the financial year.						
4. Payroll Records for the financial year.						
5. Details and receipts / invoices of any capital expendit	ture during					
your financial year.						
6. Details of any business payments/receipts paid out of	f or into a					
private account.						
7. Copies of any new Finance/HP agreements taken out during						

8. A list of the amounts you owe "Creditors" with statements for amounts	
owing at your year end.	
9. A list of amounts owed to you "Debtors" at your year end.	
10. Your work in progress at the year end (Work done not yet billed)	
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.