



APPLICATION FOR A TAX CLEARANCE CERTIFICATE

TC1

1. APPLICANT'S NAME

ADDRESS

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

2. (a) PLEASE SPECIFY THE PURPOSE FOR WHICH THE TAX CLEARANCE CERTIFICATE IS REQUIRED

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

(b) IF REQUIRED FOR RENEWAL OF AN EXCISE/SPSV/SPSV DRIVER'S LICENCE PLEASE SPECIFY TYPE OF LICENCE REQUIRED

Liquor Retailer Hydrocarbon Auctioneer Wholesale Liquor Dealer Bookmaker Gaming
 Money-Lender SPSV SPSVD Other

3. APPLICANT'S TAX REFERENCE NUMBER(S)

PPS Number/Corporation Tax Number

VAT Number

Employer PAYE/PRSI Number

RCT Number

Spouse's PPS Number
[Only required if your spouse is the taxable person under joint assessment for Income Tax]

GROUP REMITTER VAT Number
[Only required where VAT is not accounted for under own VAT number]

4. (a) IF THE APPLICANT IS, OR WAS, A MEMBER OF A PARTNERSHIP

Please give the following details in respect of any partnership of which you are, or were, a member. *(If more than one partnership is involved, please use additional sheets as necessary).*

| | | | |
|--|---|--|----------------------|
| Name of partnership | <input type="text"/> | | |
| Applicant's period of membership | <input type="text"/> | | |
| VAT Number of partnership <input type="text"/> | Employer's PAYE/PRSI Number of partnership <input type="text"/> | RCT Number of partnership <input type="text"/> | <input type="text"/> |

(b) IF THE APPLICANT IS A PARTNERSHIP

Please give the names and tax reference numbers of each member of the partnership. *(Please use additional sheets as necessary).*

| | | | |
|-----------------|----------------------|------------|----------------------|
| Name of partner | <input type="text"/> | PPS Number | <input type="text"/> |
| Name of partner | <input type="text"/> | PPS Number | <input type="text"/> |
| Name of partner | <input type="text"/> | PPS Number | <input type="text"/> |

(c) IF THE APPLICANT IS A COMPANY

Please give the name and tax reference number of each person who is either the beneficial owner of, or able, directly or indirectly, to control, more than 50% of the ordinary share capital of the company. *(Please use additional sheets as necessary).*

If there is no such person, insert ✓ in this box

| | | | |
|------|----------------------|------------|----------------------|
| Name | <input type="text"/> | PPS Number | <input type="text"/> |
| Name | <input type="text"/> | PPS Number | <input type="text"/> |
| Name | <input type="text"/> | PPS Number | <input type="text"/> |

5. PREVIOUS BUSINESS ACTIVITY

(a) Was the business activity to which this application relates previously carried on in the last five years by another person, company or partnership connected to you?

YES

NO

If the answer to (a) is YES please complete (b) to (d) below in respect of the previous person, company or partnership.

(b) Name & Address

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

(c) VAT Number

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

(d) Basis on which business was transferred and applicant's relationship with previous trading entity

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

6. TAX CLEARANCE TO PARTICIPATE IN THE CRIMINAL JUSTICE LEGAL AID SCHEME

If you are applying for tax clearance in your own name and you are an employee (paying tax under the PAYE system) please provide the following details in relation to your employer:

Name of your employer

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

VAT Number

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

Employer's PAYE/PRSI Number

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

7. IF THE APPLICANT IS NON-RESIDENT (and requires the tax clearance certificate for a government contract).

(a) What is the nature of the contract?

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

(b) Where will the work be carried out?

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

8. DECLARATION TO BE COMPLETED IN ALL CASES

If the applicant is an **individual** that individual must complete this declaration.

If the applicant is a **partnership** this declaration must be completed by **one of the members of the partnership**.

If the applicant is a **company** this declaration must be completed by a **Director or the Company Secretary**.

The information provided in this form is true and correct to the best of my knowledge and belief.

I have included all information relevant to this application.

Signature _____

Signatory's Name
in Block Capitals

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

Position _____
(Director, Company Secretary, Partner)

Date

| | | |
|-----|-------|------|
| Day | Month | Year |
|-----|-------|------|

Daytime Telephone
Number

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

Email address

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

Online verification of your Tax Clearance Certificate to Third Parties. Tick here

Note: This form should be sent to your Local Revenue District, the address of which is available on the Revenue Website at www.revenue.ie. The address for non-resident applicants is also available on the website.