



A PAYEE INFORMATION

| | | | |
|------------------|----------|---|--|
| Name | | For Year Ended 31 December A1 <input type="text"/> | |
| Address | House No | | Payee's ID Card/IT Reg No. A2 <input type="text"/> |
| | Street | | |
| | Locality | | Spouse's ID Card/IT Reg No. A4 <input type="text"/> |
| Telephone Number | | | |

B PERIOD

| | |
|------------------------------|----------------------------|
| B1 From <input type="text"/> | B2 To <input type="text"/> |
| d d m m y y y y | d d m m y y y y |

C GROSS EMOLUMENTS

| | | | | | |
|---|-----|----------------------|---|------------------------------|----------------------|
| Gross Emoluments (FSS Main or FSS Other applies) | C1 | <input type="text"/> | € | | € |
| Overtime (Eligible for 15% tax deduction) | C1A | <input type="text"/> | | Number of Overtime Hours | <input type="text"/> |
| Director's Fees | C1B | <input type="text"/> | | | |
| Gross Emoluments (FSS Part-time method applies) | C2 | <input type="text"/> | | | |
| Fringe Benefits - Excluding Share Options (Total of Share Options fringe benefits taxed at 15%) | C3 | <input type="text"/> | | Breakdown of Fringe Benefits | |
| Total Gross Emoluments and Fringe Benefits | C3a | <input type="text"/> | | Cat 1 C5 | <input type="text"/> |
| | | <input type="text"/> | | Cat 2 C6 | <input type="text"/> |
| | | <input type="text"/> | | Cat 3 C7 | <input type="text"/> |
| Non Taxable Car Cash Allowance (50% of Allowance up to a maximum of €1170) | C4 | <input type="text"/> | | C8 | <input type="text"/> |

D TOTAL DEDUCTIONS

| | | | | | | |
|---|-----|----------------------|---|-----------------------------|-----|----------------------|
| Tax Deductions (FSS Main or FSS Other) | D1 | <input type="text"/> | € | Tax Arrears Deductions | D3 | <input type="text"/> |
| Tax Deductions (Eligible Overtime) | D1A | <input type="text"/> | | 15% tax on Share Options | D3a | <input type="text"/> |
| Tax Deductions (FSS Part-time) | D2 | <input type="text"/> | | Total Tax Deductions | D4 | <input type="text"/> |
| NB: If part-time tax is less than the relative rate the whole emoluments will be charged at normal rates. | | | | | | |

E SOCIAL SECURITY AND MATERNITY FUND INFORMATION

| Basic Weekly Wages | | | | Social Security Contributions | | | | Maternity Fund Contributions | Weeks without pay | | | | |
|---|---|--------|----------|-------------------------------|---|-------|---|------------------------------|----------------------|---|------|----|--------|
| € | c | Number | Category | Payee | | Payer | | Total | Payer | | From | To | Number |
| | | | | € | c | € | c | € | € | c | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | |
| Voluntary Occupational Pension Scheme contribution or payment | | | | | | | | € | <input type="text"/> | | | | |

F PAYER INFORMATION

| | | | |
|-----------------------|----------|--------------------|----------------------|
| Business Name | | F1 Payer PE Number | <input type="text"/> |
| Business Address | House No | F2 Date | <input type="text"/> |
| | Street | | |
| | Locality | | |
| Postcode | | d d m m y y y y | |
| Telephone Number | | | |
| Principal's Full name | | | |
| Principal's Position | | | |
| Principal's Signature | | | |

This form is to be completed in quadruplicate. The original sent to the Office of the Commissioner for Revenue with the FS7, two copies are to be given to the Payee and the other copy is to be retained by the Payer.