



### A PAYER INFORMATION

Business Name		Payer P.E. No. <b>A1</b> <input type="text"/>  Payment for Month of <b>A2</b> <input type="text"/> m y y y y
Business Address		
House No		
Street		
Locality		
Postcode		
Telephone Number		
Fax Number		

### B NUMBER OF PAYEES

Number of Payees (FSS Main or FSS Other Tax Deduction Method applies)	<b>B1</b>	<input type="text"/>
Number of Payees (FSS Part time Deduction Method applies)	<b>B2</b>	<input type="text"/>

### C GROSS EMOLUMENTS

	€
Gross Emoluments (FSS Main and FSS Other applies)	<b>C1</b> <input type="text"/>
Overtime (Eligible for 15% tax deduction)	<b>C1A</b> <input type="text"/>
Gross Emoluments (FSS Part-time method applies)	<b>C2</b> <input type="text"/>
Taxable Fringe Benefits (Total of all Categories less any Non-Taxable Car Allowances)	<b>C3</b> <input type="text"/>
<b>Total Gross Emoluments and Fringe Benefits</b>	<b>C4</b> <input type="text"/>

### D TAX DEDUCTIONS AND SSC DUE TO THE COMMISSIONER FOR REVENUE

	€	c
Tax Deductions (FSS Main or FSS Other applies)	<b>D1</b>	<input type="text"/>
Tax Deductions (Eligible overtime income)	<b>D1A</b>	<input type="text"/>
Tax Deductions (FSS Part-time method applies)	<b>D2</b>	<input type="text"/>
Tax Arrears Deductions (as per amount on PCU2(A))	<b>D3</b>	<input type="text"/>
<b>Total Tax Deductions</b>	<b>D4</b>	<input type="text"/>
Social Security Contributions	<b>D5</b>	<input type="text"/>
Maternity Fund Contributions	<b>D5a</b>	<input type="text"/>
<b>Total Due to the Commissioner for Revenue</b>	<b>D6</b>	<input type="text"/>

### E PAYMENT DETAILS

Date of Payment	<input type="text"/>	Total Payment	<b>E1</b>	<input type="text"/>
<small>d d m m y y y y</small>				
<b>Details of Cheque (if applicable)</b>				
Bank	<input type="text"/>	Cheque No.	<b>E2</b>	<input type="text"/>
Branch	<input type="text"/>	Bank Account No.	<b>E3</b>	<input type="text"/>
<b>Details of Cheque (if applicable)</b>				
Full Name	<input type="text"/>	Signature	<input type="text"/>	
<b>For Official Use Only</b>				
Receipt No:	<input type="text"/>	<input type="text"/>		
Date	<input type="text"/>			
<small>d d m m y y y y</small>				