



FS5

Final Settlement System (FSS) Payer's Monthly Payment Advice

Office of the Commissioner of Revenue

The Inland Revenue Department uses the information department provided, to process this form in accordance with the Income Tax Acts and subsidiary legislation. We may check information provided by you, or information about you provided by a third party, with other information held by us. We will not disclose information about you to anyone outside the Inland Revenue Department unless permitted

This form is to be sent to the Commissioner of Inland Revenue with the Monthly remittance

A Payer Information

Business Name	
Business Address	
House No	
Street	
Locality	
Postcode	
Telephone Number	
Fax Number	

Payer P.E. No.
A1

Payment for Month of
A2
m m y y y

B Number of Payees

Number of Payees (FSS Main or FSS Other Tax Deduction Method applies) B1

Number of Payees (FSS Part time Deduction Method applies) B2

C Gross Emoluments

€

Gross Emoluments (FSS Main and FSS Other applies) C1

Gross Emoluments (FSS Part-time method applies) C2

Taxable Fringe Benefits (Total of all Categories less any Non-Taxable Car Allowances) C3

Total Gross Emoluments and Fringe Benefits C4

D Tax Deductions and SSC due to IRD

€ c

Tax Deductions (FSS Main or FSS Other applies) D1

Tax Deductions (FSS Part-time method applies) D2

Tax Arrears Deductions (as per amount on PCU2(A)) D3

Total Tax Deductions D4

Social Security Contributions D5

Maternity Fund Contributions D5a

Total Due to Inland Revenue D6

E Payment Details

€ c

Date of Payment Total Payment E1

d d m m y y y y

Details of Cheque (if applicable) Cheque No. E2

Bank Bank Account No.

Branch E3

Details of person making payment

Full Name Signature

For Official Use Only Receipt No:

Date

d d m m y y y y