

ALLEN MORRISSEY & CO

CHARTERED TAX ADVISERS & STATUTORY AUDITORS

Hillview House
Prosperous, Naas
Co Kildare

Tel: 045 892434 Fax: 045 892305
Email: info@allenmorrissey.com
Web: www.allenmorrissey.com

TAX QUESTIONNAIRE FORM FOR 2016 FORM.

TAX YEAR 2016 FORM MUST BE SUBMITTED BEFORE 31 OCT 2017

THERE IS AN EXTENSION TO NOVEMBER FOR ONLINE FILERS

This is meant to assist you in assembling the information needed to complete your tax return.

Some of the questions will not apply to you, if that is the case move on to the next question.

This document is a guide only, to assist in assessing your circumstances to reduce your tax obligations. Tax is complicated that is why we need this information

Of course, if you prefer, please contact us directly and we can deal with your case directly you.

Remember, research has shown that taxpayer who engage an accountant pay less tax.

ALLEN MORRISSEY & COMPANY



Authorised to carry on investment business and audits by the Institute of Certified Public Accountants
Brendan Allen CTA FCCA FCPA



Allen Morrissey

TAX RETURN FOR THE YEAR ENDED 31 DECEMBER 2016

| | | | |
|--|---------|-----------------------------|-----|
| PLEASE WRITE YOUR <u>FULL</u> NAME HERE: | | | |
| PLEASE ENTER YOUR PPS NUMBER HERE: | / / / / | WHAT IS YOUR DATE OF BIRTH? | / / |

EMPLOYMENTS (complete this section if you were in Paye Employment)

Please tick the following box:

Q1 Were you **employed** in the tax year?

| | |
|-----|----|
| YES | NO |
|-----|----|

If you have answered **NO**, no further answers are needed on this page.

If you have answered **YES**, please attach supporting paperwork for **each** different employment as follows:

Please tick the boxes if you are enclosing information.

- | | | |
|---|--|--------------------------|
| 1 | P60 certificate(s) (certificate(s) of pay and deduction) / Tax Credit Certificates | <input type="checkbox"/> |
| 2 | P45 | <input type="checkbox"/> |
| 3 | Payslips (if no P60 or P45) | <input type="checkbox"/> |
| 4 | Forms P11D (certificate(s) of benefits in kind, perks and reimbursed expenses) | <input type="checkbox"/> |

If you had more than one employer in the year can you please list here all the employments you had?:

| Date Started | Date Finished | Employer name and address |
|--------------|---------------|---------------------------|
| | | |
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Q2 Were you a director of any company in the year?

| | |
|-----|----|
| YES | NO |
|-----|----|

If **YES** please write here the names of the companies of which you were a director (or send us a list):

Please indicate your percentage holding in each company

Please confirm the tax number for each company

Q3 Did you receive any lump sum payments, compensation or termination payments?

| | |
|-----|----|
| YES | NO |
|-----|----|

If **YES** please send us the details of the lump sum, termination or compensation payments

Q4 Did you receive any untaxed payments e.g. tips?

| | |
|-----|----|
| YES | NO |
|-----|----|

If **YES** please tell us how much you received, and from which employment you received it

Q5 Did you have any expenses you want to claim against your employment which were not reimbursed by your employer e.g. subscriptions

| | |
|-----|----|
| YES | NO |
|-----|----|

| | | | | |
|---|---|----------------|---|------------|
| Please send to: | Allen Morrissey | Hillview House | Prosperous | Co Kildare |
| | email: info@allenmorrissey.com | | website: www.allenmorrissey.com | |
| If you have any questions please call us on | 045 892434 | | | |

Allen Morrissey

TAX RETURN FOR THE YEAR ENDED 31 DECEMBER 2016

SELF-EMPLOYMENTS AND PARTNERSHIPS

Please tick the following box:

Q1 Were you **self-employed** in the tax year?

YES

NO

Q2 Were you in **partnership** in the tax year?

YES

NO

Q3 Please confirm the **tax number of the partnership**

YES

NO

If you have answered **NO** to these questions, no further answers are needed on this page.

If you have answered **YES**, please supply the information listed below for **each** different self-employment, partnership or Limited Liability Partnership and list their names and details here:

| Business Name and Trade | Was this a self employment, partnership or Limited Liability Partnership (delete as applicable) |
|-------------------------|--|
| | Self employment / partnership / limited liability partnership |

ACCOUNTS will be needed to support each self employment, partnership or limited liability partnership declaration. Please tick the boxes below if you are enclosing information to enable us to prepare those accounts:

- 1 The **accounts records** prepared by you for the period
- 2 All your **sales invoices** for the period
- 3 All your **purchase invoices/bills** for the period
- 4 All your **petty cash** vouchers for the period
- 5 All your **business bank statements, cheque books** and **paying in books**
- 6 Details of any **new** items of **equipment** purchased in the period e.g. car, computer
- 7
- 8 Details of any **other income** received e.g. grants etc.
- 9 A list of the **people who owed you money** at the period end (**debtors**)
- 10 A list of people who **you owed money to** at the period end (**creditors**)
- 11 A list of any **stocks of goods or materials unsold or unused** at the period end
- 12 Details of your **personal takings (drawings)**
- 13 A list of any **work in hand and not billed** at the period end
- 14 Copies of all **VAT returns** prepared in the period (if applicable)
- 15 Certificate from your mortgage lender of interest paid
- 16 **Any other** relevant information
- 17 Copy of any lease agreement signed in the year

Business 1

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Business 2

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SELF-EMPLOYMENTS AND PARTNERSHIPS

Part 2

PRIVATE USE OF GOODS, SERVICES AND EQUIPMENT

Please indicate the **private proportion** or percentage (if any) of each of the following expenses included in your records and enclose supporting paperwork
e.g. mileage log or annotated telephone bill to prove these figures

- 1 **Motor Expenses and Car**
- 2 **Travel Expenses**
- 3 **Home Telephone**
- 4 **Mobile Telephone**
- 5 **Other Telephone**
- 6 **Other Expenses (please specify)**

Business 1

| | |
|--|---|
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |

Business 2

| | |
|--|---|
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |

Have you taken any **goods** from the business for **personal use**

YES

NO

If **YES**, please specify the items, which business was involved and how much they cost the business:

PRSI

Are you paying self-employed PRSI Contributions?

YES

NO

| | | | | |
|---|-----------------------|---|-------------------|----------|
| Please send to: Allen Morrissey | Hillview House | Prosperous | Co Kildare | 0 |
| email: info@allenmorrissey.com | | website: www.allenmorrissey.com | | |
| If you have any questions please call us o 045 892434 | | | | |

RETIREMENT PENSIONS AND STATE BENEFITS RECEIVED BY YOU

Please tick the following boxes:

Q1 Did you receive payments from a **state pension**?☐ YES ☐ NOQ2 Did you **receive** payments from a **private or employer pension**?☐ YES ☐ NO

Q3 Will you start to receive any pension within the next 12 months?

☐ YES ☐ NO

Q4 Did you receive any other state benefits during the year?

☐ YES ☐ NOIf you have answered **NO** to all the questions, no further answers are needed.If you have answered **YES**, please enclose the following paperwork for **each** different benefit:
Please tick the boxes if you are enclosing information.1 **P60 certificate(s) (certificate of pay and deduction)**☐2 **Payslips (if no P60)**☐3 **P45**☐4 **Benefit Agency Notices**☐If you do **not** have supporting paperwork please provide the following information:1 **Details of who paid you an income, and any paperwork you have of any sort**2 **Explain why you think you got that income**3 **Give details of what you actually received and provide the dates when you were paid it****MARRIED COUPLES ALLOWANCE**

Have you elected for joint assessment or single assessment

☐ Joint ☐ Single

Have you elected for separate assessment

☐ YES ☐ NO

Q5 Full name of your spouse and PPS number ?

Q6 What is the date of birth of your spouse

Q7 When were you married?

Q8 Do you have any agreement with your spouse about who will claim this allowance?
If **YES** please tell us what it is☐ YES ☐ NO

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INCOME RECEIVED FROM RENTING PROPERTY

Please tick the following boxes:

Q1 Did you receive income from renting a room to a **lodger**?

YES NO

If **NO** please go on to **Q4****Q2** Did you receive income of less than €12,000 a year from renting a room to a lodger

YES NO

Q3 Did you receive rental income from property overseas or holiday home?

YES NO

Q4 Did you receive income from **renting** out a property in which you do not live?

YES NO

Q5 Did you receive income from **commercial rents** or **holiday letting**?

YES NO

If you have answered **NO** to all the questions, no further answers are needed on this page.If you have **only** answered **YES** to **Q2** please provide details of the **income received**.
No further answers are then needed.If you have answered **YES** to **Q3, Q4 or Q5 above**, please enclose the following information for **each**
different source of income: (Please tick the box if you are enclosing the information)**1** Rental invoices issued or agent's rental statements (if applicable)☐**2** A list of the income you have received and the dates you received it☐**3** Original receipts/bills for the expenses claimed☐**4** A list of expenses incurred in renting each property☐**5** Bank statements, cheque books and paying in books for any bank account maintained for
for the rented property☐**6** A certificate for the year ended 31 December/ 2016 from your mortgage lender for

any mortgage on the rented property

☐**INCOME RECEIVED FROM RENTING PROPERTY**

Part 2

7 Details of each property by location and description is required.☐**8** Details of any property reliefs you are entitled to claim; Section 23/50 Owner occupier☐**9** Details of any additional finance arranged during the year☐

| | | | | | |
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INTEREST INCOME RECEIVED BY YOU

Q1 Did you receive any **interest** on any savings accounts in the UK/Ireland

| | |
|-----|----|
| YES | NO |
|-----|----|

If you have answered **NO**, no further answers are needed on this page.

Q2 Have you received interest on any **bank** or **building society current** account(s)?

| | |
|-----|----|
| YES | NO |
|-----|----|

Q3 Have you received interest on a **bank deposit** account(s)?

| | |
|-----|----|
| YES | NO |
|-----|----|

Q4 Have you received interest on a **building society savings** account(s)?

| | |
|-----|----|
| YES | NO |
|-----|----|

Q5 Have you received interest from a Post **Savings and Credit Union** account(s)?

| | |
|-----|----|
| YES | NO |
|-----|----|

Q6 Have you received **interest** on any **government or other stock**?

| | |
|-----|----|
| YES | NO |
|-----|----|

Q7 Have you received interest from **any other account(s) or person**?

| | |
|-----|----|
| YES | NO |
|-----|----|

If you have answered **YES** to any of the above please:

- 1 **attach any certificates confirming the amount paid in the year**
- 2 **if you do not have those certificates please send statements, vouchers, copy pass books or other paperwork proving how much was paid to you, and when, and what tax was deducted**
- 3 **If the account was opened in the year please explain the source of the funds, as the revenue may request this information**

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DIVIDEND INCOME RECEIVED BY YOU AND CAPITAL GAINS

Please tick the following boxes and attach the original vouchers, receipts or paperwork.

Q1 Did you receive any **dividends** on shares, securities or unit trusts?

| | |
|-----|----|
| YES | NO |
|-----|----|

Q2 Did you **sell** any shares, securities or unit trusts?

| | |
|-----|----|
| YES | NO |
|-----|----|

Q3 Did you sell your home ?

| | |
|-----|----|
| YES | NO |
|-----|----|

Q4 Did you **sell** any property or other assets during the year ?

| | |
|-----|----|
| YES | NO |
|-----|----|

If you have answered NO to all the questions, no further answers are needed.

If you have answered YES, please answer the questions below:

Q5 Have you received **dividends** on any **shares, securities or Share Options or RSU's**?

| | |
|-----|----|
| YES | NO |
|-----|----|

Q6 Have you received **shares in lieu of dividends** on any shares or securities?

| | |
|-----|----|
| YES | NO |
|-----|----|

If the answer to these questions is **YES** , attach the supporting paperwork .
If you do not have any supporting paperwork please supply details of the dividends received, the date of receipt and the company that paid you.

Q7 Have you **sold** any shares or securities or **exchanged** them for other shares or stock?

| | |
|-----|----|
| YES | NO |
|-----|----|

If YES, attach the contract note, brokers statement or supporting paperwork and tick the box.
If you do not have any supporting paperwork please supply details of the disposals, the date of sale and the amount you were paid

Q8 Have you **sold or gifted** any other significant items such as land, valuable collections etc?

| | |
|-----|----|
| YES | NO |
|-----|----|

If YES, attach supporting paperwork and tick the box.

the date of sale and the money received.

| | |
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PAYMENTS MADE BY YOU (PENSIONS, CHARITIES, ETC)

Q1 PENSION CONTRIBUTIONS PAID BY YOU

Please tick the following boxes:

Do you pay any contributions to a **personal pension**?

| | |
|-----|----|
| YES | NO |
|-----|----|

Do you pay any contributions to a retirement annuity policy ?

| | |
|-----|----|
| YES | NO |
|-----|----|

If you have answered **YES**, please provide paperwork in respect of each pension contribution you have made in the year

Q2 PAYMENTS MADE TO CHARITIES

Please tick the following boxes:

Do you make payments to a charity

| | |
|-----|----|
| YES | NO |
|-----|----|

If you have answered **NO** no more information is needed for this question.

If you have answered **YES** please provide the following information with regard to each payment

- 1 **The name of the charity**
- 2 **The amounts paid**
- 3 **The date of the gift payment.**
Tax relief is not longer available for these payments

Q3 Did you make payments to a EIS qualifying company?

| | |
|-----|----|
| YES | NO |
|-----|----|

If **YES**, please attach details of the payment made

| | |
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|---|---|----------------|---|------------|---|
| Please send to: | Allen Morrissey | Hillview House | Prosperous | Co Kildare | 0 |
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CHILDREN

| | | |
|------------|---|---|
| Q1 | Do you have a child under the age of 18? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Q2 | What is your youngest child's date of birth? | <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> |
| Q3 | Please confirm the tax number of the partnership | |
| Q4 | Did the child live with you throughout the year to 31 December 2016 ? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If the child lived with you for part of the year please let us have details as this will affect any claim we can make for you | |
| Q6 | What is the name of the child's other parent? | <input type="text"/> |
| Q7 | What is that other parent's PPS number? | <input type="text"/> |
| Q8 | Did you have a higher income than the child's other parent in the year? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Q9 | If you know the child's other parent's income please enter it here | € <input type="text"/> |
| Q10 | Is this figure an estimate? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Q11 | Do you want to claim all the Child Tax Credit? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Q12 | Are you planning to share the Child Tax Credit with the child's other parent? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Q13 | Is the child's other parent going to claim all the Child Tax Credit? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Q14 | Is the child entitled to the incapacitated child allowance | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | |
|---|---|--|
| Please Full name of yc Allen Morrissey email: info@allenmorrissey.com | Hillview House Prosperous Co Kildare | 0 website: www.allenmorrissey.com |
|---|---|--|

OTHER INFORMATION

Please tick the following boxes:

Q1 Did you **acquire** any **share options/RSU's** or **shares** from a **share scheme**?

YES NO

Q2 Did you **receive** any income or interest from **abroad**

YES NO

If **YES**, please attach details of the **income from abroad****Q3** Did you **receive** any income from a **trust, estate of a deceased person or settlement**?

YES NO

If **YES**, please attach details of the income from the **trust, estate or settlement****Q4** Did you make any **gains** on any **Irish/UK life assurance policies**?

YES NO

If **YES**, please attach details of the **gains** on the **Irish/UK life assurance policies****Q5** Did you **receive** any **income** from **any other source** which has not already been covered?

YES NO

If **YES**, please attach details of the **income****Q6** Did you **pay** any **rent** to a person **living outside Ireland**

YES NO

If **YES**, please attach details of the name and address of the person you have paid**Q7****maintenance, alimony** or **Child Support** payments

YES NO

post cessation expenses for ceased self-employments:

YES NO

Full name of your spouse and PPS number ?

YES NO

If **YES**, please attach details of the **payments****OTHER INFORMATION****Part 2**

to transfer to each other

Q8 Are you aware that you or your spouse have **surplus tax allowances** you wish

YES NO

Q9 Do you consider that you are **not resident**, or **not domiciled** in the Ireland?

YES NO

If **YES**, we may need to contact you for further details**Q10** Did you incur any re-imbursed medical expenses during the year?

YES NO

If **Yes**, please complete Med 1 or Med 2 form. (Available on Revenue Website)**Q11** Have you paid college fees for a full time or part-time courseIf **Yes**, please give details of the course and the college and PPS number of the person attending?

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