Tax Repayment Non-Resident Claim Form for

Professional Services Withholding Tax Form IC11 PSWT

Full Name:

Name of claimant: (CAPITAL LETTERS)



Official Stamp

Return this form to:

International Claims Section,

Office of the Devenue Commissioners			l .				
Office of the Revenue Commissioners, Collector Generals Division, Nenagh,			Trading Name:				
Co.Tipperary, Ireland. Tel: +353 67 63400 Fax: +353 67 44182			Address:				
E-mail: intclaims@revenue.ie			Tel No:				
			E-mail:				
This space is for	r official use or	ıly.	Agent (if enqu	iries to be addressed to him/her)			
Warrant No:			Name:				
Amount: €			Address:				
Checked by:	Date:		Tel No:				
Approved by:	Date:		E-mail:				
		,					
BANK A	ACCOUNT DET	AILS FOR	REPAYMENT OF N	NON-RESIDENT CLAIMS			
Name of Claimant/C	ompany:						
Bank Account Name	e:						
IBAN/Bank A/C Num	nber:						
BIC/SWIFT:							
If applicable:							
CLEARING CODE:							
CLEARING CODE T	LEARING CODE TYPE:						
SIGNATURE:		DATE:					
Ireland's Double Taxa declare that I am/we a	tion Agreement wit are beneficially enti	h that countr	y during the tax year(s)	(State Country) for the purposes of in which the income was earned. I further ect of this claim and that I/we have not of residence).			
Amount Claimed in €							
Signed Date							
This stamped form will remain valid for 5 years, unless there is a change in your non-resident address.							
TO BE COMPLETED BY THE TAX AUTHORITIES IN YOUR COUNTRY OF RESIDENCE							
I certify that the above-named is/was resident of							

for the tax year(s) (state year) _____ and that the income to which this claim

/

relates is liable to tax under tax reference number ____

Signed: _____ Date:

RPC001065-en-wb-L-1

Notes to be read in conjunction with Tax Repayment Claim Form for Professional Services Withholding Tax Form IC11 PSWT

What supporting documentation do I need to send with my claim?

In addition to the stamped IC11 form, the following additional documentation is also required when claiming tax paid:

- Original Form F45 stamped and signed by the Accountable Body.
- In certain circumstances International Claims reserves the right to request a completed questionnaire.

For residents of USA only:

A certificate of residence for United States tax purposes (Form 6166) is required for each year claimed. This form is available from **The Department Of The Treasury, Internal Revenue Service, Philadelphia, PA 19255. Tel: +1 (215) 516 2000**. Please log on to www.irs.gov to apply for Form 6166.

For residents of Spain only:

A certificate of Residence	(Residencia F	iscal en	Espana)	is required.	This form i	is available fi	rom your	local S	3panish
Tax Authorities.				-			-		

Repayments will be made in Euro currency by Electronic Funds Transfer or Euro cheque.

Time Limits for Making a Claim

Section 17 of the Finance Act 2003 introduced new time limits for the submission of repayment claims to the Irish Revenue, i.e. claims may only be made within 4 years following the end of the calendar year in which the tax was deducted.

Possible requirement for claimant to register for Irish Value Added Tax (V.A.T.)

Non-resident persons engaged in certain building and related services within the State, including the services of estate agents, architects and firms supplying on the site supervision are obliged to register and account for Irish V.A.T.

All queries in relation to the possible requirement of a claimant to register for Irish VAT should be addressed to: Dublin City Centre District,

Intelligence, Register and District Support (IRDS),

3rd Floor,

Aras Brugha,

9/10 Upper O'Connell Street,

Dublin 1.

Tel: +353 (0) 1 8655000

	QUESTION:	ANSWER:
1	What is the registered address if different from Page 1.	
2	Where is the business managed and controlled.	
3	Please give details (precise dates) of periods spent in Ireland during the year(s) to which your claim relates.	
4	Are you engaged in any trade or business in Ireland.	
5	Quote your Irish tax reference number, if any.	
6	State exact location (full address) of where the work was carried out.	

