

GUIDE TO COMPLETION OF RETURN

Debit Amount

Complete this line if you wish to make a payment by Single Debit Authority. Please ensure that you have also provided your bank details.
Leave this line blank if paying by cheque or the return is a repayment claim.

Bank Details

Payment(T3): If you wish to pay your liability by Single Debit Authority, please enter the bank details of the account you wish to have debited. You must also enter the amount you wish to pay in the 'debit amount' line below.

Repayment(T4): If this return is a repayment and you have **not** previously advised us of the account details **or** you wish to amend the account details to which previous repayments were credited, please enter bank details here. If this return is not a repayment and you still wish to change your VAT repayment bank details please fax details to VAT Repayments Section Fax No. 065 6841366.

Bank Details - to be supplied if:
Payment is being made by Single Debit Authority
(do not complete this authority if you are paying by cheque) or
⇒ A repayment is being sought (see Method of Repayment above).

Branch
Sort Code
Account Number

Debit Amount

Please debit my account with the amount specified.

Value of Goods Sent to other EU Countries

Value of Goods Received from other EU Countries

E1/E2
Please enter the total value of goods sent to (E1 line) or received from (E2 line) other EU countries

T1

Enter total VAT liability in respect of goods & services + intra-EU acquisitions + parcels imported VAT free.

T2

Enter total deductible VAT in respect of purchases + intra-EU acquisitions + imports.

Office Use **T1**

AMSD **T2**

O/S **T3**

T4

I declare that this is a correct return of VAT for the period specified.

Signed: _____ Date: _____

Name: _____

Reg No: _____

VAT3 B |

T3

If T1 amount exceeds T2 amount, please enter the difference on this line. You are required to submit full payment with this return.
Payment may be made by Single Debit Authority or cheque.

T4

If T2 amount exceeds T1 amount, please enter the difference on this line.
Subject to verification checks, this is the repayment amount due to you from Revenue and will be offset or repaid as appropriate.

Amount of Payment

Please enter the amount of your payment here. In the case of repayment claim, leave this line blank.

Please Note:

Please print one figure only in each space using a black ball-point pen. €: Enter whole Euro only - do not enter cents. Do not write NIL on any line. Photocopies of this form are not acceptable.