





## TAX RELIEF FOR DONATIONS TO ELIGIBLE CHARITIES AND APPROVED BODIES

"Appropriate Certificate" for the purposes of Section 848A Taxes Consolidation Act, 1997

(To be completed by PAYE-only taxpayers)

Don't know your PPS no.? See your pay slip or social services card or ask your employer/tax office.

completed by FATE-only taxpayers)	
(BLOCK CAPITALS PLEASE)	
I certify that I,	have made a donation
to Multiple Sclerosis Ireland.	
in the sum of (amount in words)	
€ (total donated)	
(Iotal dunated)	
in the year ended 31 December 2012 and that	
• I was resident in the State for the relevant year of assessment,	
<ul> <li>I have paid or will pay to the Revenue Commissioners income tax of an amount equal to income tax for the above year on the grossed up amount of the donation,</li> </ul>	
<ul> <li>neither I nor any person connected with me have received or will receive a benefit in consequence of having made this donation,</li> </ul>	
<ul> <li>the donation was paid in money,</li> </ul>	
<ul> <li>the donation was not subject to a condition as to repayment nor property by the eligible charity or approved body other than by w</li> </ul>	
<ul> <li>I am not self-assessed for tax purposes.</li> </ul>	
<ul> <li>I was not directly associated (i.e. either as an employee or member was made. (If you are/were directly associated with the charity/applease complete the additional declaration at the bottom of the feature.)</li> </ul>	oproved body at the time the donation was made then orm*
PPS No: Rate of Tax: S	Standard 20% Higher 41% Tick whichever is appropriate
Signature	Date
Address:	
	Phone Number
Phone Number	
N.B. This certificate should be completed by donors who pay tax under the self-assessment system but who may also pay some tax self-assessment tax return for 2012 and prior years.	
* The following additional declaration is to be completed where there was a d at the time the donation was made (See Note 3 on http://www.revenue.ie/er	
<ul> <li>I declare that the aggregate amount of all donations made by me to this body, or to other charities/approved bodies with which I am also directly associated, does/does not (delete as appropriate) exceed 10% of my income in that year of assessment.</li> </ul>	
Signature	Date
	PLETE EACH CHY 2 FORM THEY SEND YOU TOO.

Thank you for taking the time to fill in this form.

Please return it to us in this pre-paid envelope.