

PERSONAL DETAILS

First Name Surname

Postal Address

Date of Birth / / PPS Number

Nationality Mobile

Email Address

MARITAL STATUS & DETAILS

Marital Status Single Married Separated Divorced Widowed

Date Change in Marital Status / / Spouse DOB / / No. of Dependant Children

Spouse Name Spouse PPS Number

Spouse Maiden Name

SINGLE PARENT TAX CREDIT

Tick if you lived with a partner in: 2008 2009 2010 2011

TUITION FEES

Tick if you wish to claim tuition fees. Provide a receipt from the course provider that states 'Tuition Fees' & the amount paid.

OTHER INCOME

Tick & Provide details **seperately** if you earned Income **other than** Irish PAYE salary, Pension or Social Welfare Income since 2008.

MEDICAL CARD

Tick years you had a full medical card: 2008 2009 2010 2011

JOB ASSIST

Tick if you were unemployed for a continuous period of twelve months or more any time between 2008 to 2011.

MEDICAL INSURANCE

If your employer pays any part of your medical insurance (eg. VHI, Quinn) Supply Gross amounts payed on your behalf each year.

2008 € 2009 € 2010 € 2011 €

ADDITIONAL INFORMATION

Where did you hear about us? Insert name of friend or referring partner

Name Phone

YEAR 2008 - ADDITIONAL INFORMATION

RENT DETAILS	
Rent Paid to:	<input type="checkbox"/> Private Landlord <input type="checkbox"/> Estate / Lettings Agent
Rental Address	<input type="text"/> <input type="text"/> <input type="text"/>
Landlord / Agent Name	<input type="text"/>
Landlord / Agent Address	<input type="text"/> <input type="text"/> <input type="text"/>
Date tenancy commenced	<input type="text"/> / /
Amount of Rent Paid in Year	<input type="text"/>

MEDICAL EXPENSES	
Expense Type	Amount
Medical Prescriptions:	<input type="text"/>
Doctor/Hospital Expenses:	<input type="text"/>
Non Routine Dental Expenses: (MED2 Form may be requested)	<input type="text"/>
Other (please specify):	<input type="text"/>
Total:	<input type="text"/>
Amount Reimbursed by Medical insurance Provider (e.g. Quinn, VHI, Hibernian)	
Amount:	<input type="text"/>

FOR MORE REFUNDS			
Occupation(s) this year	<input type="text"/>	Spouse Occupation(s) this year	<input type="text"/>
Were you a Trade Union Member?	<input type="text"/>	Was your spouse a Trade Union member?	<input type="text"/>
Amount paid for Service Charges (bin tags) in previous year	<input type="text"/>		

YEAR 2009 - ADDITIONAL INFORMATION

RENT DETAILS	
Rent Paid to:	<input type="checkbox"/> Private Landlord <input type="checkbox"/> Estate / Lettings Agent
Rental Address	<input type="text"/> <input type="text"/> <input type="text"/>
Landlord / Agent Name	<input type="text"/>
Landlord / Agent Address	<input type="text"/> <input type="text"/> <input type="text"/>
Date tenancy commenced	<input type="text"/> / /
Amount of Rent Paid in Year	<input type="text"/>

MEDICAL EXPENSES	
Expense Type	Amount
Medical Prescriptions:	<input type="text"/>
Doctor/Hospital Expenses:	<input type="text"/>
Non Routine Dental Expenses: (MED2 Form may be requested)	<input type="text"/>
Other (please specify):	<input type="text"/>
Total:	<input type="text"/>
Amount Reimbursed by Medical insurance Provider (e.g. Quinn, VHI, Hibernian)	
Amount:	<input type="text"/>

FOR MORE REFUNDS			
Occupation(s) this year	<input type="text"/>	Spouse Occupation(s) this year	<input type="text"/>
Were you a Trade Union Member?	<input type="text"/>	Was your spouse a Trade Union member?	<input type="text"/>
Amount paid for Service Charges (bin tags) in previous year	<input type="text"/>		

YEAR 2010 - ADDITIONAL INFORMATION

RENT DETAILS	
Rent Paid to:	<input type="checkbox"/> Private Landlord <input type="checkbox"/> Estate / Lettings Agent
Rental Address	<input type="text"/> <input type="text"/> <input type="text"/>
Landlord / Agent Name	<input type="text"/>
Landlord / Agent Address	<input type="text"/> <input type="text"/> <input type="text"/>
Date tenancy commenced	<input type="text"/> / /
Amount of Rent Paid in Year	<input type="text"/>

MEDICAL EXPENSES	
Expense Type	Amount
Medical Prescriptions:	<input type="text"/>
Doctor/Hospital Expenses:	<input type="text"/>
Non Routine Dental Expenses: (MED2 Form may be requested)	<input type="text"/>
Other (please specify):	<input type="text"/>
Total:	<input type="text"/>
Amount Reimbursed by Medical insurance Provider (e.g. Quinn, VHI, Hibernian)	
Amount:	<input type="text"/>

FOR MORE REFUNDS			
Occupation(s) this year	<input type="text"/>	Spouse Occupation(s) this year	<input type="text"/>
Were you a Trade Union Member?	<input type="text"/>	Was your spouse a Trade Union member?	<input type="text"/>
Amount paid for Service Charges (bin tags) in previous year	<input type="text"/>		

YEAR 2011 - ADDITIONAL INFORMATION

RENT DETAILS	
Rent Paid to:	<input type="checkbox"/> Private Landlord <input type="checkbox"/> Estate / Lettings Agent
Rental Address	<input type="text"/> <input type="text"/> <input type="text"/>
Landlord / Agent Name	<input type="text"/>
Landlord / Agent Address	<input type="text"/> <input type="text"/> <input type="text"/>
Date tenancy commenced	<input type="text"/> / /
Amount of Rent Paid in Year	<input type="text"/>

MEDICAL EXPENSES	
Expense Type	Amount
Medical Prescriptions:	<input type="text"/>
Doctor/Hospital Expenses:	<input type="text"/>
Non Routine Dental Expenses: (MED2 Form may be requested)	<input type="text"/>
Other (please specify):	<input type="text"/>
Total:	<input type="text"/>
Amount Reimbursed by Medical insurance Provider (e.g. Quinn, VHI, Hibernian)	
Amount:	<input type="text"/>

FOR MORE REFUNDS			
Occupation(s) this year	<input type="text"/>	Spouse Occupation(s) this year	<input type="text"/>
Amount paid for Service Charges (bin tags) in previous year	<input type="text"/>		



DECLARATION TO REVENUE COMMISSIONERS OF IRELAND AND DEPARTMENT OF SOCIAL PROTECTION

I (Name) **(Spouse's Name)**

with

Date of Birth / / / / **(Spouse's D.O.B)**

and

PPS No: **(Spouse's PPS No)**

hereby declare to the Revenue Commissioners of Ireland and to the Department of Social Protection that I wish Red Oak Tax Refunds (TAIN 723440) to act as my agent in all aspects of my Income Tax and PRSI Refund applications.

I agree that this authorisation will remain in force until the completion of my respective tax return by the Revenue Commissioners of Ireland.

I authorise the transfer of any refund due to me by the Revenue Commissioners of Ireland and the Department of Social Protection to Red Oak Tax Refunds (TAIN 723440) by bank transfer to the following bank account:

Bank: AIB
Sort Code: 93-31-04
Account Number: 22547100
Name of Account Holder: Red Oak Personal Financial

Please sign this confirmation here

If Married, Spouses signature here

CUSTOMER AGREEMENT WITH AGENT

I hereby confirm that:

1. I have not filed an Income Tax Return in Ireland for the assessable years and I authorise Red Tax Oak Refunds to act as my exclusive agent with the Revenue Commissioners and the Department of Social Protection for the current tax year and the four preceding tax years.
2. I have fully disclosed to Red Oak Tax Refunds all information regarding my income, taxes, assets and personal circumstances that may impact on my tax assessment and I acknowledge responsibility for any discrepancies in the information I provide.
3. I understand that while Red Oak Tax Refunds will attempt to achieve my maximum allowable tax refund, the Revenue Commissioners have the final say on the refund amount due, and I understand that Revenue may require receipts and documents to support items claimed.
4. I authorise Red Oak Tax Refunds to receive and process any refunds due to me and remit the refund less their commission by bank transfer. I agree a commission rate of 12% + VAT of refunds received subject to a minimum processing fee of €18 + VAT per year, however, if no refund is due there is no charge.
5. Where I receive the refund from any source other than Red Oak Tax Refunds, I agree to send the agreed commission to Red Oak Tax Refunds within a period of 5 days by way of electronic fund transfer (EFT) or bank draft. At the expiration of that period, any outstanding amount on the account will be subject to interest by virtue of the Statutory Interest on Late Payments (Commercial Transactions) Regulations 2002.

Red Oak Tax Refunds

We take great pride in our personal service and we apply all due diligence and care to your refund application and personal information. Specifically:

- We will phone or email same day to let you know your application form has arrived and confirm the next steps. We will begin registration as your tax agent immediately.
- Once we are registered as your agent, we will review and submit your taxes within 3 working days. We will notify you of this same day with information on your refund submissions and an estimate of the Revenue's review time.
- The Revenue Commissioners will send both you as customer and us as agent a copy of a tax statement when a tax refund review is complete. We will check this statement the day it arrives to ensure it is correct and contact you for payment details same day. Payment will be made within 2 working days of receipt of your payment details.
- We will retain and protect your personal information as per the relevant data protection legislation.

Name in Print:

Spouse's Name:

Signature:

Spouse's Signature:

Date:

Scan and email completed application to: refunds@redoaktaxrefunds.ie

Fax to: 05991 29888

Or post to:

Red Oak Tax Refunds,
Enterprise House,
O'Brien Road,
Carlow.