



**APPLICATION TO THE COLLECTOR-GENERAL FOR A TAX CLEARANCE
CERTIFICATE IN ACCORDANCE WITH THE STANDARDS IN PUBLIC
OFFICE ACT, 2001.**

TC(SIPO)

Notes: Please complete all parts of the application form. Failure to do so will result in a delay in processing this application.

1. YOUR NAME AND ADDRESS.

2. YOUR TAX REFERENCE NUMBER(S).

PPS Number

Employer's PAYE/PRSI Number

VAT Number

3. MEMBER OF PARTNERSHIP.

Please give the following details in respect of any partnership of which you are or were a member.
If more than one partnership is involved, please use additional sheets as necessary.

Name of Partnership

Your period of partnership

Reference numbers of partnership

VAT Number

Employer's PAYE/PRSI Number

Relevant Contracts Tax Number

4. DECLARATION TO BE COMPLETED IN ALL CASES.

I hereby apply for a Tax Clearance Certificate under the Standards in Public Office Act, 2001, and I declare, to the best of my knowledge and belief, that the information contained in this application form is true and correct and I have included all information relevant to this application.

I am in compliance with the obligations imposed on me in relation to (a) the payment or remittance of taxes, interest and penalties under and (b) the delivery of any returns required under

- the Tax Acts,
- the Capital Acquisitions Tax Act, 1976, and the enactments amending or extending that Act,
- the Capital Gains Tax Acts, and
- the Value-Added Tax Act, 1972, and the enactments amending or extending that Act.

Signature _____

Signatory's name in block capitals _____

Date

Daytime telephone number

Completed application forms should be sent to:

Collector General's Division,
SIPO Tax Clearance Section,
Sarsfield House,
Francis Street, Limerick,
LoCall 1890 20 30 70