

# Tax Return Form

Email them to **tax@cornmarket.ie** or post them to (no stamp necessary):

**Cornmarket's Tax Return Service, Cornmarket Group Financial Services Ltd.,  
Christchurch Square, FREEPOST F3976, Dublin 8.**

**Tax year**

Please complete one form per tax year

## Personal details

Full name:

PPS No:

Email:  Date of birth:  /  /

Job description:

Nationality:

Marital status: Single  Married  Civil Partnership  Widowed  Separated  Divorced

If relevant, date of: Marriage:  /  /  Divorce/separation:  /  /

If widowed, date of spouse's death:  /  /

Do you have any children under age 18 or in full-time education?\* Yes  No

If yes, for the youngest child, please confirm:

Date of birth:  /  /  PPS No\*:

\*This is required to claim certain credits, e.g. Home Carer/Single Parent Child credit, where relevant.

## Spouse details (if applicable)

Full name:

Date of birth:  /  /

Nationality:  PPS No:

Job description:

Employed  Self Employed  Company Director  Farmer

### Notes:

For years prior to 2019, please provide copies of P60s for all of your employments (and your spouses if relevant).

If separated/divorced, please send us a copy of any agreement or court order and details of current maintenance payments paid/received in the relevant tax year.

# Medical Expenses - Claim for Relief

Please only complete 1 calendar year per form.

Year for which claim is being made:

PPS No:

Did you hold a Full Medical Card? .....  **Self**  **Spouse**

If yes, please confirm expiry date of card   **Day** /   **Month** /     **Year**

Please see notes on page 4 for a list of qualifying medical expenses.

Maintenance or treatment paid by claimant in an approved nursing home **(1)** €

Nursing Home Name and Address

In the case of a claim for an individual whom you maintain in a nursing home, please state their PPS number and date of birth.

Date of birth:   **Day** /   **Month** /     **Year**

PPS No:

Non-Routine Dental Treatment **(Med 2 form required)** **(2)** €

- (a) Services of a doctor/consultant ..... €
- (b) Total outlay on prescribed drugs/medicines for the year ..... €
- (c) Educational Psychological Assessment for a dependent child (see note overleaf) ..... €
- (d) Speech and Language Therapy for a dependent child (see note overleaf) ..... €
- (e) Orthoptic or similar treatment ..... €   
 (on referral from a doctor or other qualifying practitioner)
- (f) Diagnostic procedures (X-rays, etc.) ..... €
- (g) Physiotherapy or similar treatment ..... €   
 (on referral from a doctor or other qualifying practitioner)
- (h) Expenses incurred on any medical, surgical or nursing appliance ..... €
- (i) Maintenance or treatment in a hospital ..... €
- (j) Other Qualifying Expenses ..... €   
 (provide brief details below and copies of receipts)

Total (a) to (j) **(3)** €

**Total Health Expenses** €   
 (1 + 2 + 3)

**Deductions** - (if none write "NONE")

Sums received or receivable in respect of any of the above expenses

- (i) from any public or local authority e.g. Health Service Executive ..... €
- (ii) under any insurance policy/cashplan e.g. VHI, Aviva, Irish Life, HSF, Medical Aid, etc. .... €
- (iii) other e.g. compensation claim ..... €

**Total Deductions** €

**Amount On Which Tax Relief Is Claimed** €   
 (Total Health Expenses less Total Deductions)

# Tax return checklist

Please tick the Self and/or Spouse box and fill in the details, where relevant.

## Non-PAYE income

	Self	Spouse
Income from the Department of Social Protection e.g. old age pension/maternity/illness/disability/jobseekers/carers benefit /widows pension .....	<input type="checkbox"/>	<input type="checkbox"/>
Deposit Interest .....	<input type="checkbox"/>	<input type="checkbox"/>
Dividend Income (i.e. income received from shares) .....	<input type="checkbox"/>	<input type="checkbox"/>
Income from abroad (e.g. foreign pension, employment, rental) .....	<input type="checkbox"/>	<input type="checkbox"/>
Rental or Self-employment income (if you tick yes, please contact us as you need to fill in another form) .....	<input type="checkbox"/>	<input type="checkbox"/>
Director of a Company owning at least 15% of the Shares (whether trading or not) .....	<input type="checkbox"/>	<input type="checkbox"/>

## Additional allowances and credits

	Self	Spouse						
Did you pay any 3rd level college fees for you or your dependents? .....	<input type="checkbox"/>	<input type="checkbox"/>						
Did you take out a home loan for purchase, improvement or repair between 01/01/2004 and 31/12/2012 for principle private residence only .....	<input type="checkbox"/>	<input type="checkbox"/>						
Did you make any Pension and/or Salary Protection payments, not deducted directly by your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>						
Did you have any dependant relatives who were incapacitated or over 65? .....	<input type="checkbox"/>	<input type="checkbox"/>						
If yes, please confirm your relationship: <input style="width: 500px;" type="text"/>								
Date of Birth: <table style="display: inline-table; border: none;"><tr><td style="text-align: center;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table> /	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PPS No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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## Retirement

	Self	Spouse												
Have you recently retired? .....	<input type="checkbox"/>	<input type="checkbox"/>												
If yes, date of your retirement: <table style="display: inline-table; border: none;"><tr><td style="text-align: center;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table> /	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of your spouse's retirement: <table style="display: inline-table; border: none;"><tr><td style="text-align: center;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table> /	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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Have you had any lump sum deductions from your gratuity? .....	<input type="checkbox"/>	<input type="checkbox"/>												
Did you make a Single Premium Pension Contribution? .....	<input type="checkbox"/>	<input type="checkbox"/>												
If yes, date of your contribution: <table style="display: inline-table; border: none;"><tr><td style="text-align: center;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table> /	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Provider: <input style="width: 200px;" type="text"/>							
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If yes, date of your spouse's contribution: <table style="display: inline-table; border: none;"><tr><td style="text-align: center;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table> /	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Provider: <input style="width: 200px;" type="text"/>							
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Are you retiring within the next 12 months? .....	<input type="checkbox"/>	<input type="checkbox"/>												
If yes, confirm your expected retirement date: <table style="display: inline-table; border: none;"><tr><td style="text-align: center;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table> /	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If yes, confirm spouse's expected retirement date: <table style="display: inline-table; border: none;"><tr><td style="text-align: center;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/></td><td style="text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table> /	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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## Inheritances/gifts/assets

Did you inherit or receive any assets or cash? .....  **Self**  **Spouse**

Relationship of benefactor (e.g. parent/aunt/not related):

If yes, confirm date of receipt:  Day  /  Month  /  Year  Value: €

In the past 2 years, did you sell/transfer any assets, e.g. shares, property? .....  **Self**  **Spouse**

If yes, date of disposal:  Day  /  Month  /  Year  Disposal Value: €

Date of acquisition:  Day  /  Month  /  Year  Cost/market value at acquisition: €

## Declaration

I understand that my tax return will be prepared based on the details I supplied in this form. If I fail to disclose all sources of income/allowances/credits, I understand that Cornmarket cannot be held responsible for any tax-related implications.

I declare:

- that all particulars stated on this form are complete, true and correct
- that I have paid all expenses claimed and I hold receipts for all expenses which are available for inspection
- that, in respect of expenses claimed on this form, all refunds received to date from any source are shown and that I agree to notify Cornmarket of any such refunds received in the future
- to the best of my knowledge no part of these expenses will or has been voluntarily reimbursed to me.

Member's signature:

Date:  Day  /  Month  /  Year

## Qualifying Medical Expenses

### Note: Individuals for whom tax relief may be claimed

You may claim a refund of tax in respect of medical expenses paid or incurred by you on your own behalf or on behalf of another person.

- ✓ **Nursing Homes**
- ✓ **In Vitro Fertilisation (IVF)**
- ✓ **Educational Psychological Assessment for a dependent child**
- ✓ **Speech and Language Therapy for a dependent child**
- ✓ **Consumable products**
- ✓ **Non-Routine Dental Expenses**
- ✓ **Drugs & Medicines**
- ✓ **Physiotherapy or Similar Treatment**

## Expenses that do not qualify

- **Sight testing** and the provision and maintenance of **spectacles and contact lenses**
- **Routine dental treatment**
- **Cosmetic surgery** or similar procedures
- **Acupuncture** treatment unless carried out by a qualified practitioner such as a doctor.

You can only claim for non-routine optical expenses (e.g. laser treatment) and dental expenses where a Med 2 form has been completed by your Dentist.

We're here to help you  
Call us on **(01) 408 4106**  
or email **tax@cornmarket.ie**

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