

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS USING BLACK INK

P45

CERTIFICATE NO.

B

**INCOME TAX - PAY AS YOU EARN - CESSATION CERTIFICATE
Particulars of Employee Leaving**

PART 1



RPC009420_EN_PR_P_1

Surname of Employee Employee Address

First Name PPS Number Date of Birth

Payroll/Works No. Employer Registered Number Date of Cessation Date of Commencement (if after 1 January)

Mark box if employee is deceased and state the name and address of the personal representative of the deceased employee, if known

Name Mark box if employee was on Week 1/Month 1 basis at Date of Cessation Mark box if employee was on emergency basis at Date of Cessation

Address

Pay Frequency (0: weekly, 1: fortnightly, 2: monthly, 3: 4-weekly, 4: other) Pay Period Number

Weekly/Monthly Tax Credit Weekly/Monthly Cut-Off Point

PAYEE

(a) **Total Pay & Tax** deducted from 1 January to Date of Cessation

Total Pay Total Tax Deducted (incl. cent)

(b) If employment started since 1 January enter Pay and Tax deducted (or Tax refunded) for this period of employment only

Pay (this employment) Tax Deducted or Tax Refunded Mark box if the tax figure at (b) is a refund

(c) Amount of Taxable **LUMP SUM PAYMENT** on termination included in either pay figure above - if applicable

SAMPLE

Weekly/Monthly USC Cut-Off Point 1 Weekly/Monthly USC Cut-Off Point 2 Weekly/Monthly USC Cut-Off Point 3

USC

(d) **Total Gross Pay for USC purposes & USC deducted** from 1 January to Date of Cessation

Total Gross Pay for USC purposes Total USC Deducted USC Exemption (as per P2C)

(e) If employment started since 1 January enter Gross Pay for USC purposes and USC deducted (or USC refunded) for this period of employment only

Gross Pay for USC purposes (this employment) USC Deducted or USC Refunded Mark box if the USC figure at (e) is a refund

PRSI - This Employment Only

Total PRSI Employee's Share Total number of weeks of insurable employment Total number of weeks at Class A or Subclass "A" in this period

PRSI Classes other than Class A or Subclass "A" in this period PRSI Exemption

LPT

Total amount of Local Property Tax deducted in this period of employment - if applicable

I certify that the particulars entered above are correct.

Employer Trade name if different

Address Date Phone Number

E-mail

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