

Form CG1

Capital Gains Tax Return and Self-Assessment 2015



Tax Reference Number

Remember to quote this number in all correspondence or when calling at your Revenue office (address available from "Contact Locator" on www.revenue.ie)

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Name and Address

When submitting this return use any envelope and write "Freepost" above the Return Address.
NO STAMP REQUIRED

Return Address

RETURN OF CAPITAL GAINS FOR YEAR ENDED 31 DECEMBER 2015

If you complete and submit this return on or before 31 August 2016 Revenue will calculate the self-assessment for you. This will assist you in paying the correct amount by the due date. This Tax Return should be completed and returned to your Revenue office on or before 31 October 2016. On that date you must also pay any balance of tax due for 2015. Where this return is submitted after 31 October 2016 a surcharge (5% where the return is submitted within two months, otherwise 10%) will be added to your tax liability. **Failure to submit your Local Property Tax return will result in a tax surcharge - please see note in the Form CG1 Helpsheet.**

Please read the Form CG1 Helpsheet before completing this form. The helpsheet is available at www.revenue.ie or from our Forms & Leaflets Service by phoning LoCall 1890 306 706 (ROI only), +353 1 702 3050.

Legislative references relate to Sections of the Taxes Consolidation Act 1997, unless otherwise stated.

YOU MUST SIGN THIS DECLARATION

I DECLARE that, to the best of my knowledge and belief, this form contains a correct return of all the chargeable gains and allowable losses that accrued to me in the year ended 31 December 2015 in accordance with the provisions of the Taxes Consolidation Act 1997, and

I DECLARE that, to the best of my knowledge and belief, all the particulars given as regards reliefs claimed are correctly stated.

Signature

Date (DD/MM/YYYY)

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Capacity of Signatory

Main Residence Address
(Registered Office, if a Company)

	Eircode	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

Business Address if different from
Main Residence Address or
Registered Office Address

	Eircode	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

Expression of Doubt: If you have a genuine doubt about the correct application of tax law to any item in the return, provide details of the point of issue in the entry fields provided on page 4.

Contact Details (in case of query about this return)

Agent's TAIN

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Contact Name

Client's Reference

Telephone or E-Mail

Tax Reference Number

CAPITAL GAINS (contd.)

Self

Spouse or
Civil Partner

If you have an overall CGT loss in 2015 there is no need to complete Lines 15 or 16.

15. In respect of net chargeable gains that arose in the period 1 January 2015 - 30 November 2015

(a) Enter amount of net gain to be charged at 33%	<input type="text"/>	<input type="text"/>
(b) Enter amount of net gain to be charged at 40% (excluding Foreign Life Policies)	<input type="text"/>	<input type="text"/>
(c) Enter amount of net gain on Foreign Life Policies to be charged at 40%	<input type="text"/>	<input type="text"/>
(d) Enter amount of net gain in respect of Venture Fund Capital to be charged at 15%	<input type="text"/>	<input type="text"/>
(e) (i) Enter amount of net gain in respect of a disposal of land under Compulsory Purchase Order (CPO) which has accrued in 2015 by virtue of S. 542(1)(d)	<input type="text"/>	<input type="text"/>
(ii) Date of disposal (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>

16. In respect of net chargeable gains that arose in the period 1 December 2015 - 31 December 2015

(a) Enter amount of net gain to be charged at 33%	<input type="text"/>	<input type="text"/>
(b) Enter amount of net gain to be charged at 40% (excluding Foreign Life Policies)	<input type="text"/>	<input type="text"/>
(c) Enter amount of net gain on Foreign Life Policies to be charged at 40%	<input type="text"/>	<input type="text"/>
(d) Enter amount of net gain in respect of Venture Fund Capital to be charged at 15%	<input type="text"/>	<input type="text"/>
(e) (i) Enter amount of net gain in respect of a disposal of land under Compulsory Purchase Order (CPO) which has accrued in 2015 by virtue of S. 542(1)(d)	<input type="text"/>	<input type="text"/>
(ii) Date of disposal (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>

17. Double Taxation Relief

If you wish to claim relief for foreign tax in respect of a disposal that gives rise to a liability to capital gains tax shown above, provide the following information in respect of each such foreign disposal

Country	Amount of gain	Amount of foreign tax for which relief is now claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank Details

Please supply your bank account details to enable Revenue to transfer your repayment to your bank account.

Single Euro Payments Area (SEPA)

Account numbers and sort codes have been replaced by International Bank Account Numbers (IBAN) and Bank Identifier Codes (BIC). These numbers are generally available on your bank account statements. Further information on SEPA can be found on www.revenue.ie

It is not possible to make a refund directly to a foreign bank account that is not a member of SEPA.

International Bank Account Number (IBAN) (Maximum 34 characters)

Bank Identifier Code (BIC) (Maximum 11 characters)

If you are married or in a civil partnership and have opted for Joint Assessment in 2015, please provide your spouse's or civil partner's bank account details:

International Bank Account Number (IBAN) (Maximum 34 characters)

Bank Identifier Code (BIC) (Maximum 11 characters)

Note: Any subsequent Revenue refunds will be made to this bank account unless otherwise notified.

18. Expression of Doubt

If you have a genuine doubt about the correct application of tax law to any item in the return, insert in the box and provide details of the point at issue in the entry fields provided below.

(a) Provide full details of the facts and circumstances of the matter to which the Expression of Doubt relates

(b) Specify the doubt, the basis for the doubt and the tax law giving rise to the doubt

(c) Identify the amount of tax in doubt in respect of the chargeable period to which the Expression of Doubt relates , , .00

(d) List the supporting documents that are being submitted in relation to the matter involved. These documents should accompany this return

(e) Identify any published Revenue guidelines that you have consulted concerning the application of the law in similar circumstances

Self-Assessment made under Chapter 4 of Part 41A

This return must include a Self-Assessment by the chargeable person to whom the return relates. An individual who fails to make a self-assessment may be liable to a penalty of €250.

REMEMBER

You do not have to complete the Self-Assessment panel if you submit this return to Revenue on or before 31 August 2016

19. Self-Assessment – Capital Gains Tax 2015

(a) Amount of chargeable gains arising for this period , , .00

(Note: This is the amount of chargeable gains for this period less any reliefs which reduce the chargeable gain)

(b) Amount of tax chargeable for this period , , .00

(Note: This is the amount of tax chargeable on the chargeable gain **after** taking account of any deductions, reliefs or allowances, e.g. personal allowance or transfer of business to a company)

(c) Amount of tax payable for this period , , .00

(Note: This is the amount of tax due after any Retirement Relief or Credit for Foreign Tax paid have been deducted from tax chargeable)

(d) Amount of surcharge due under S. 1084 because of late filing of this return , , .00

(Note: If you are filing this return after the specified return date for the chargeable period, a late filing surcharge is due. If your return is late the surcharge, which is added on to your tax due, is:

- 5% of the tax due or €12,695, whichever is the lesser, where the return is submitted within two months of the due date,
- 10% of the tax due or €63,485, whichever is the lesser, where the return is more than two months late)

(e) Amount of surcharge due under S. 1084 because of non-compliance with LPT requirements , , .00

(Note: If you file this return on time, but at the date of filing, you have failed to submit your LPT return or have failed to either pay the LPT due or enter into an agreed payment arrangement, a surcharge should be added to the final liability as if this return was filed late by two months or more. Therefore the amount payable in your Self-Assessment should be increased by 10% subject to a maximum increased amount of €63,485. Where the LPT is subsequently brought up to date, the amount of the surcharge will be capped at the amount of the LPT liability payable.)

(f) Amount of tax paid directly to the Collector-General for this period , , .00

(Note: The amount entered here will be the amount of direct tax paid for the year plus any amounts that may have been credited to the year from another year or tax type)

(g) (i) Balance of tax payable for this period , , .00

(ii) Balance of tax overpaid for this period , , .00

I DECLARE the above to be my Self-Assessment to Capital Gains Tax for the year 2015

Signature

(DD/MM/YYYY)
Date / /

Capacity of Signatory