Declaration to Revenue - Authorisation Form PAYE A1

For information on how an agent can use Revenue systems on your behalf, please see 'Using a tax agent or tax service' on www.revenue.ie.

1. Authorisation to Act as Agent

I, _____ (first name, surname)

PPSN _____ Date of Birth __ __ / __ __ / __ __ __ __

E-mail address (of taxpayer) _____ **(mandatory)**

authorise _____ (name of tax agency)

TAIN _____

Agent's address _____

to act as my agent in dealing with all aspects of the filing of my Irish income tax return, including the submission of refund or credit claims, allowances or reliefs.

I confirm that all documentary evidence of entitlement to credits / reliefs claimed and taxable income sources, will be held for a period of 6 years beginning at the end of the year of assessment to which the Return of Income and / or claim relates by (select preferred option) ☐ _____ (insert name of tax agency) **OR** myself ☐. **(mandatory)**

I confirm that this authorisation will remain in force until Revenue is formally notified of its cessation by either myself or _____ (insert name of tax agency), or for a maximum period of 4 years. [The submission of an updated Authorisation Form after 4 years will renew the authorisation.]

2. Terms and Conditions of Authorisation

I understand that Tax law provides for both civil penalties and criminal sanctions for the failure to make a return, the making of a false return, facilitating the making of a false return, or claiming tax credits, allowances or reliefs which are not due.

I confirm that I will provide the necessary documentation to _____ (insert name of tax agency) to support any refund, credit claims or claims for allowances and reliefs made to Revenue on my behalf by _____ (insert name of tax agency).

I confirm that I will provide details of all my sources of income to _____ (insert name of tax agency).

I understand that the person selected in Section 1 above is required to retain all documentation relating to any refund or credit or allowance or relief claimed by the agent on my behalf for a period of 6 years beginning at the end of the year of assessment to which the Return of Income and / or claim relates and that _____ (insert name of tax agency) will be required to produce same to Revenue upon request.

Signed _____ (Client) Date __ __ / __ __ / __ __ __ __

Signed _____ (Agent) Date __ __ / __ __ / __ __ __ __