APPLICATION FOR A TAX CLEARANCE CERTIFICATE

1. APPLICANT’S NAME
   Address

2. (a) PLEASE SPECIFY THE PURPOSE FOR WHICH THE TAX CLEARANCE CERTIFICATE IS REQUIRED

(b) IF REQUIRED FOR RENEWAL OF AN EXCISE/SPSV/SPSV DRIVER’S LICENCE PLEASE SPECIFY TYPE OF LICENCE REQUIRED

   Liquor Retailer ☐  Hydrocarbon ☐  Auctioneer ☐  Wholesale Liquor Dealer ☐  Bookmaker ☐  Gaming ☐
   Money-Lender ☐  SPSV ☐  SPSVD ☐  Other ☐

3. APPLICANT’S TAX REFERENCE NUMBER(S)

   PPS Number/Corporation ☐  Tax Number ☐  VAT Number ☐
   Employer ☐  PAYE/PRSI Number ☐  RCT Number ☐
   Spouse’s PPS Number ☐
   [Only required if your spouse is the taxable person under joint assessment for Income Tax]
   GROUP REMITTER VAT Number ☐
   [Only required where VAT is not accounted for under own VAT number]

4. (a) IF THE APPLICANT IS, OR WAS, A MEMBER OF A 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 ☐
   Applicant’s period of membership ☐
   VAT Number of partnership ☐  Employer’s PAYE/PRSI Number of partnership ☐  RCT Number of partnership ☐

(b) IF THE APPLICANT IS A PARTNERSHIP
Please give the names and tax reference numbers of each member of the partnership. (Please use additional sheets as necessary.)

   Name of partner ☐  PPS Number ☐
   Name of partner ☐  PPS Number ☐
   Name of partner ☐  PPS Number ☐

(c) IF THE APPLICANT IS A COMPANY
Please give the name and tax reference number of each person who is either the beneficial owner of, or able, directly or indirectly, to control, more than 50% of the ordinary share capital of the company. (Please use additional sheets as necessary).

   If there is no such person, insert ✓ in this box ☐
   Name ☐  PPS Number ☐
   Name ☐  PPS Number ☐
   Name ☐  PPS Number ☐
5. PREVIOUS BUSINESS ACTIVITY
(a) Was the business activity to which this application relates previously carried on in the last five years by another person, company or partnership connected to you? 
   YES [ ] NO [ ]

If the answer to (a) is YES please complete (b) to (d) below in respect of the previous person, company or partnership.

(b) Name & Address

(c) VAT Number

(d) Basis on which business was transferred and applicant’s relationship with previous trading entity

6. TAX CLEARANCE TO PARTICIPATE IN THE CRIMINAL JUSTICE LEGAL AID SCHEME
If you are applying for tax clearance in your own name and you are an employee (paying tax under the PAYE system) please provide the following details in relation to your employer:

Name of your employer

VAT Number

Employer’s PAYE/PRSI Number

7. IF THE APPLICANT IS NON-RESIDENT
(a) What is the nature of the contract?

(b) Where will the work be carried out?

8. DECLARATION TO BE COMPLETED IN ALL CASES

If the applicant is an individual that individual must complete this declaration.
If the applicant is a partnership this declaration must be completed by one of the members of the partnership.
If the applicant is a company this declaration must be completed by a Director or the Company Secretary.

The information provided in this form is true and correct to the best of my knowledge and belief.
I have included all information relevant to this application.

Signature ____________________________

Signatory’s Name in Block Capitals

Position ____________________________

(Director, Company Secretary, Partner)

Daytime Telephone Number

Email address

Online verification of your Tax Clearance Certificate to Third Parties. Tick here [ ]

Note: This form should be sent to your Local Revenue District, the address of which is available on the Revenue Website at www.revenue.ie. The address for non-resident applicants is also available on the website.