

P45

CERTIFICATE NO.

T

INCOME TAX - PAY AS YOU EARN - CESSATION CERTIFICATE

Particulars of Employee Leaving

PART 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 _____ Address _____ 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
 Mark box if employee was paid weekly or monthly Weekly Monthly Week/Month Number _____

PAYE

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

(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 _____
 (d) Total amount of taxable Illness Benefit included in pay figure above - if applicable _____

SAMPLE

USC

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

(e) **Total Gross Pay for USC purposes & USC deducted** from 1 January to Date of Cessation
 Total Gross Pay for USC purposes _____ Total USC Deducted _____
 (f) 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 (f) 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 _____

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 _____
 Address _____

Trade name if different _____
 Date _____ Phone Number _____
 E-mail _____