

DEPARTMENT OF SOCIAL AND FAMILY AFFAIRS



SC1B (END OF YEAR RETURN) DECLARATION

RETURN FOR YEAR ENDED 31-DECEMBER _____

EMPLOYER NAME : _____

ADDRESS : _____

E-MAIL CONTACT: _____

EMPLOYER NO.: _____

(If registered in Ireland)

SUMMARY OF PRSI DUE UNDER SPECIAL COLLECTION SYSTEM

	EMPLOYER	EMPLOYEE	TOTAL
TOTAL PRSI LIABILITY			
PRSI ALREADY PAID			
BALANCE NOW DUE			
OVERPAYMENT FOR WHICH REFUND IS CLAIMED			

(If payment is not in EURO, please state currency payment is made in)

CHEQUE ENCLOSED FOR BALANCE DUE: YES () NO ()

TO BE SIGNED BY EMPLOYER:

I certify and declare that all particulars entered by me in this return are fully and truly stated to the best of my knowledge and belief.

EMPLOYER'S SIGNATURE: _____ DATE: _____

When completed this form should be forwarded by 15 FEB to:

Special Collection Section, Government Buildings, Cork Road, Waterford.

TEL: (051) 356010, 356011, 356019 (01) 7043000 ext 46010, 46011, 46019

FAX: (051) 877838 E-MAIL: e101spc@welfare.ie INTERNET: www.welfare.ie

END OF YEAR RETURNS (SC1 B) MUST BE ACCOMPANIED BY THIS DECLARATION. RETURNS FORWARDED TO THIS OFFICE THAT ARE NOT ACCOMPANIED BY THIS FORM OR ARE INCOMPLETE WILL BE RETURNED TO EMPLOYERS