



- EMPLOYER:**
- Parts 1 - 3 of this form should be issued to a special contributor (non-PAYE employee) on cessation of employment. Please ensure that all Parts are completed.
  - If the employee entered your employment since the start of the Tax Year, you should show at 3(a) below the reckonable earnings in respect of your employment **only**.
  - If you have been advised of reckonable earnings from previous employment(s) since the start of the Tax Year, you should include at 3(d) with the total earnings in your employment, shown at 3(a).
- EMPLOYEE:**
- See notes on Part 3 of this form about claiming Jobseekers Benefit or taking up new employment.
- NEW EMPLOYER:**
- See note on Part 2 of this form.

**1 Employee's Personal Details**

Full Name:

PPS number:

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Date of Birth:

Day	Month	Year

Home Address:

**2 Contribution Details**

Social Insurance Contribution Class at commencement of employment	
Number of weeks of insurable employment at this Class	
Social Insurance Contribution Class if it changed during this employment	
Number of weeks of insurable employment at this Class	

**3 Earnings Details**

	Currency	Amount
a) Gross reckonable earnings in your employment since start of Tax Year		
b) Total of employee's share of PRSI contributions deducted		
c) Total Social Insurance Contributions (Employer & employee) paid on the amount listed at 3(a) above		
d) Total gross reckonable earnings including earnings in other employments since start of Tax Year		

**4 Employment Details**

Date of commencement of employment (where it occurred after start of Tax Year)	
Date of cessation of employment	
Employer's Registered Number	

**DECLARATION**

I declare that all the details I have given at Section 1 to 4 above are true and complete and that the above PRSI contributions have been or will be remitted to the Department of Social Protection in accordance with Social Welfare Regulations.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Employers Name \_\_\_\_\_

Address \_\_\_\_\_

<b><u>Official Stamp</u></b>
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**NEW EMPLOYER:** • Part 2 of this form should be retained by you. Part 3 (and Part 1 if still attached) should be retained by the employee.

- Social insurance contributions are payable on an employee's reckonable earnings up to a prescribed earnings ceiling.
- Where an employee, on commencement of employment during an income tax year, produces this form (or a P45) you can assume that any PRSI contributions due on the reckonable earnings shown on the form have already been paid. This social insurance liability in respect of your employment will then be calculated on the difference in earnings between the reckonable earnings shown on this form (or P45) and the prescribed ceiling. You should note that certain levies may continue to be payable above the ceiling.
- Full details of the social insurance rates and ceilings are set out in the information leaflet SC7 which is available on website at [www.welfare.ie/EN/Topics/PRSI/Pages/specindex.aspx](http://www.welfare.ie/EN/Topics/PRSI/Pages/specindex.aspx) or Locall 1890 690 690 (from Ireland only) or telephone +353 1 471 5898 (from outside Ireland) or e-mail [Special Collection Enquiry](mailto:SpecialCollectionEnquiry).

**1 Employee's Personal Details**

Full Name:

PPS number:

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Date of Birth:

Day	Month	Year

Home Address:

**2 Contribution Details**

Social Insurance Contribution Class at commencement of employment	
Number of weeks of insurable employment at this Class	
Social Insurance Contribution Class if it changed during this employment	
Number of weeks of insurable employment at this Class	

**3 Earnings Details**

	Currency	Amount
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Date of cessation of employment	
Employer's Registered Number	

**DECLARATION**

I declare that all the details I have given at Section 1 to 4 above are true and complete and that the above PRSI contributions have been or will be remitted to the Department of Social Protection in accordance with Social Welfare Regulations.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Employers Name \_\_\_\_\_

Address \_\_\_\_\_

**Official Stamp**



**EMPLOYEE:** Please note if you intend claiming Jobseekers Benefit/Allowance you must submit Part 1, 2 and 3 of this certificate to your local employment office as soon as possible after your employment has ceased. Part 1 will be detached and Parts 2 and 3 will be returned to you.

- If you are taking up new employment after claiming Jobseekers Benefit/Allowance, give Part 2 to your new employer so that the correct social insurance deductions may be made. You should keep part 3.
- If you have not claimed Jobseekers Benefit/Allowance and you take up new employment, you should give Part 2 to your new employer and keep Part 1 and Part 3 as evidence of your social insurance record.

**1 Employee's Personal Details**

Full Name:

PPS number:

Date of Birth: 

<b>Day</b>	<b>Month</b>	<b>Year</b>

Home Address:

**2 Contribution Details**

Social Insurance Contribution Class at commencement of employment	
Number of weeks of insurable employment at this Class	
Social Insurance Contribution Class if it changed during this employment	
Number of weeks of insurable employment at this Class	

**3 Earnings Details**

	Currency	Amount
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Date of cessation of employment	
Employer's Registered Number	

**DECLARATION**

I declare that all the details I have given at Section 1 to 4 above are true and complete and that the above PRSI contributions have been or will be remitted to the Department of Social Protection in accordance with Social Welfare Regulations.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Employers Name \_\_\_\_\_

Address \_\_\_\_\_

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**Official Stamp**