

Member State 3

Name:

Address:

25. Please state projected income received from activity in Ireland:

€ , , .

26. Please state income received from each activity in Q24:

Member State 1: € , , .

Member State 2: € , , .

Member State 3: € , , .

27. What is the annual turnover of your business?

€ , , .

Please provide copy of latest notice of assessment

28. How much of annual turnover is attributable to activities performed in other Member State(s)?

€ , , .

29. Please state your future business intentions:

30. Where will Income tax and PRSI be paid?

Revenue P35

Self Assessment

Declaration

I declare that all the information I have given on this form is accurate.

I will tell the Department of any changes that will affect the conditions of this posting.

Signature (not block letters)

Position in company or organisation

Company stamp

Date: **2 0**
D D M M Y Y Y Y

Telephone number:

MOBILE

LANDLINE

Email address:

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.