

TAX RELIEF FOR DONATIONS TO ELIGIBLE CHARITIES AND APPROVED BODIES

“Appropriate Certificate” for the purposes of Section 848A Taxes Consolidation Act, 1997

This certificate should be completed by donors who pay tax under the **PAYE tax system ONLY** and returned to Sightsavers International. A donor who is taxed under the self-assessment system but who may also pay some tax under the PAYE system should claim relief in his/her own self-assessment tax return.

PLEASE COMPLETE ALL SECTIONS PRINTED IN RED.

I certify that I _____ (name) have made a donation to
Sightsavers International in the sum of _____ (in words)
€ _____ (total donation) in the year ended 31 December _____ (2006/2007), and that

- I was resident in the State for the relevant year of assessment,
- I have paid or will pay to the Revenue Commissioners income tax of an amount equal to income tax for the above year on the grossed up amount of the donation,
- neither I nor any person connected with me have received or will receive a benefit in consequence of having made this donation,
- the donation was paid in money,
- the donation was not subject to a condition as to repayment nor conditional on, or associated with, the acquisition of property by the eligible charity or approved body other than by way of gift, from me or a person connected with me, and
- the donation was not less than €250 in the above year of assessment.
- I was not directly associated (i.e. either as an employee or member) with the charity at the time the donation was made.
If you are/were directly associated with the charity at the time the donation was made then please complete the additional declaration at the bottom of the form.*

PPS No:
BLOCK CAPITALS PLEASE

Rate of tax: Standard Higher
Tick whichever is appropriate

Signature _____

Phone number _____

Date _____

Address _____

*The following additional declaration is to be completed where there was a direct association between the donor and the charity at the time the donation was made.

- I declare that the aggregate amount of all donations made by me to this body, or to other charities/approved bodies with which I am also directly associated, does/does not (delete as appropriate) exceed 10% of my income in that year of assessment.

Signature _____

Date _____