

CLAIM FOR HOME CARER'S TAX CREDIT

To be completed by the spouse, or civil partner, with the main source of income i.e. the claimant.

Name of claimant

Address

PPS Number

The above can be obtained from your Tax Credit Certificate

Home Carer's Details

Name of Home Carer

PPS Number (if relevant)

Estimated income* (if any) up to the 31st of December € , . 0 0

Type of Income

*Do not include the Carer's Allowance payable by the Department of Social Protection.

Details of Dependant(s) Cared For

(a) Child(ren) for whom Social Welfare Child Benefit is payable*	Child's Name	Date of Birth	PPS Number
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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(b) Person(s) aged 65 years or over*	Dependent's Name	Date of Birth	PPS Number
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

(c) Permanently Incapacitated Person(s)*	Dependant's Name	Nature of Incapacity	PPS Number
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

*Attach additional sheets if necessary

Tick here to confirm that the person(s) listed above reside(s) with you, or in the case of relative(s), live(s) nearby.

Please see overleaf

