

# P60 form - dokument od pracodawcy wystawiany na koniec roku podatkowego - wykaz zarobków i pobranej zaliczki na podatek

**P60** CERTIFICATE OF PAY, TAX AND PAY-RELATED SOCIAL INSURANCE YEAR ENDED 31st DEC. 2009

**PAYE – PRSI SOCIAL WELFARE BENEFITS**  
Two copies to be given to each employee who was in your employment on 31st December whether or not tax was deducted.

Name of Employee: \_\_\_\_\_  
Address: \_\_\_\_\_

Personal Public Service No. (PPS No.) 1 9 4 4 1 4 9 K

Enter 'X' if week 1/month 1 applied

Tax Credit € 3680.00 Standard Rate Cut Off € 36400.00 Point

'1' indicates that temporary basis applied } at 31st December:   
'2' indicates that emergency basis applied   
Enter 'X' if there were 53 pay days in the year:   
Enter 'D' if employee was a director:

(A) PAY	€	(C) PRSI in this employment	€
1. Total pay (i.e. gross pay less any superannuation contributions allowable for income tax purposes) in above year including pay in respect of previous employment(s), if any.	10952.00	1. EMPLOYEE'S PRSI.	581.00
2. Pay in respect of previous employment(s), if any, in above year.	0.00	2. TOTAL (employer + employee) PRSI.	1753.00
3. Pay in respect of THIS period of employment (i.e. gross pay less any superannuation contributions allowable for income tax purposes).	10962.00	3. TOTAL number of weeks insurable employment.	2
<b>(B) TAX</b>		4. Initial social insurance contribution class.	A1
1. Total net tax deducted in above year (including tax deducted by previous employer(s), if any).	151.00	5. Subsequent social insurance contribution class.	A1
2. Tax in respect of previous employment(s), if any, in above year.	0.00	6. Number of weeks at the class entered at line 5 above.	.
3. Net tax deducted (J7)/refunded (H9) in this period of employment. <input type="checkbox"/> J7	151.00	7. Date of commencement of employment.	.

We certify that the particulars given above include the total amount of pay (including overtime, bonus, commission, benefits in kind etc.) paid to you by me/us in the above year, the total tax deducted by me/us less any refunds and the total pay-related social insurance contribution in respect of this employment.

Employer's Name MOUNT LEINSTER HA... Employer's PAYE Regd. No. 4 7 7 3 9 5 8 U  
Employer's Phone Number \_\_\_\_\_ Date 09-Feb-2010  
(for P60 enquiries)

Dochód

Odprowadzona zaliczka na podatek