

P45 form- dokument od pracodawcy wystawiany na zakończenie pracy - wykaz zarobków i pobranej zaliczki na podatek

Cessation Certificate - P45 (C) Part 2 New Employer's copy

NOTE TO NEW EMPLOYER

1. All figures are quoted in Euro
 2. Enter the particulars requested in part 3 below
 3. Retain part 2 for your own records
 4. If emergency tax is indicated, operate the Emergency Procedure. Use Form P13914 or approved alternative method
 5. If payable occurs before you receive a certificate of tax credits in your name from the tax office use the temporary procedure
 6. If Part 4 is still attached please detach and return to the employee

Employer's surname: [redacted]
 Employee's first name: DARIUSZ
 Employer's private address: [redacted]

PAYE Registered No. 4773958U
 PPS No. 1944149K
 Date of Leaving: 07 Jan 10
 Enter E if emergency basis operated

Weekly Tax Credit € 70.00
 Monthly Tax Credit € 0.00
 Weekly Cut-Off Point € 700.00
 Monthly Cut-Off Point € 0.00

Works/Payroll No. [redacted]

Totals from 1st January last to date of leaving
 Pay € 390.00
 Tax Deducted € 7.61

Details for this period of employment only (if employment commenced since 1st January)
 Pay € 0.00
 Tax Deducted or Refunded € 0.00

Cert No. 3399764953J

Cessation Certificate P45 (C) Part 3 Application for a New Certificate of Tax Credits

PPS No. (For tax use enter date of birth) 1944149K
 PAYE Registered No. 4773958U
 Date of Leaving 07 Jan 10

Totals for his employment only since 1st January last
 Pay € 390.00
 Tax € 7.61

Taxable Lump Sum included in pay in this employment € 0.00
 From Tax Credits/SRCOP € 0.00 € 0.00 Week 1 basis

Employee's surname: [redacted]
 Employee's first name: DARIUSZ

NOTE TO NEW EMPLOYER: Please read notes on part 2 above then complete the section below and forward to your Inspector of Taxes. A certificate of Tax Credits and Standard Rate Cut-Off Point will then issue in respect of this employee.

Employee's private address: [redacted]
 Date of commencement: [redacted]
 Nature of employment: [redacted]
 Works/Payroll No. [redacted]
 Frequency of payment (weekly, monthly etc): [redacted]
 Are any benefits supplied to this employee e.g. Car/vouchers/expenses etc? Please (4) Yes No

EMPLOYER'S DECLARATION: I have prepared a temporary tax deduction card in accordance with the above particulars

Employer's name and address: [redacted]
 Trade name (if different): [redacted]
 PAYS Registered No. [redacted]
 Signature: [redacted]
 Phone No. [redacted]
 Fax No. [redacted]
 Unit No. [redacted]
 Date: [redacted]

P45 (C) Part 4 Required when claiming Benefits from Dept of Social, Community and Family Affairs

Employee's Surname: [redacted] First Name: DARIUSZ Unit No. 000
 PPS No. 1944149K Date of Birth: [redacted]
 PAYE Registered No. 4773958U Works/Payroll No. [redacted]
 Pay from 1st January € 390.00 Pay this employment € 0.00 Ceased 07 Jan 10
 Taxable lump sum included in pay in this employment € 0.00 Deceased

Dochód

Potrącona zaliczka na podatek