Form HK1 Claim for an Allowance for Employing a Carer



If you, your spouse, civil partner or a relative is incapacitated by reason of physical or mental infirmity and you employ a person to care for the incapacitated relative you may claim this allowance.

Your Personal Details																									
Name																									
PPS number																									
Relative's Details																									
Name of	, 						<u> </u>																		
incapacitated																									
relative																									_
Relationship																									
to you		<u> </u>	\vdash																						_
Nature of																									
the incapacity																									
Date incapacity				D /	1/			\ \ /	1																J
arose	D	D	M	M	Y	Y	Υ	Y																	
Carer's Details																									
(if employed dire	ctly	by	yo	u)																					
Name of			Π																						
carer			<u> </u>			<u> </u>		<u> </u>	<u> </u>	1															
PPS number																									
If provided by or	thre	oug	jh a	n a	gen	су	or o	oth	er c	om	me	rcia	ıl eı	ntity	y										
Name of																									
organisation										<u> </u>															
Employer PAYE Registration No.																									
Date employment						I			1																
commenced	D	D	M	M	Y	Y	Y	Y																	
Cost of employing the carer																									
Please give details of the cost incurred by you of employing the carer stated above:																									
Net cost, after any payments from the Health Service Executive, etc. € , 0 0																									
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Percentage of carer costs paid by you %																									
If you wish to have any refund paid directly to your Irish bank account, please supply your bank account																									
details below. See note overleaf regarding tax refunds.																									
Sort Code											Ac	cou	unt	Nur	nbe	r									
Declaration which must be completed I declare that all the particulars in this form are correct to the best of my knowledge and belief.																									
Signature															Da	te	D	D	M	M	Υ	Υ	Y	Υ	
E-mail																			Please see notes overleaf						

Notes

Carer

If more than one carer is employed to care for the individual please complete a separate claim form for each employment.

Tax Refunds

Tax refunds can be paid by cheque to your address or by transfer to your Irish bank account.

If you wish to have refunds paid directly to your Irish bank account please supply details overleaf.

Note Any subsequent refunds will be made to this bank account until otherwise notified. It is not possible to make a refund directly to a foreign bank account.

4-year limit

A claim for tax relief must be made within four years after the end of the tax year to which the claim relates.

As your claim may be selected for future audit, you are requested to retain all documentation relating to this claim for a period of six years.

Accessibility

If you are a person with a disability and require this form in an alternative format the Revenue Access Officer can be contacted at accessofficer@revenue.ie

