

CERTIFICATE CONCERNING RETENTION OF THE RIGHT TO UNEMPLOYMENT BENEFITS

Reg. 1408/71: Art. 67; Art. 68; Art. 71.1.a.ii; Art. 71.1.b.ii

Reg. 574/72: Art. 80; Art. 81; Art. 84.2

To be issued by the competent unemployment institution or the institution designated by the competent authority of the country where the unemployed person was previously insured. To be handed over to the person concerned or sent to the competent institution.

1 Unemployed person

1.1 Surname (1a)	<b>Molina Gil</b>	Date of Birth	
1.2 Forenames	<b>Francisco J</b>	Previous names (1a) (1b)	
			<b>03 August 1977</b>
		D.N.I. (3)	
1.3 Place of birth (2)		Nationality	
1.4 Address of the unemployed person in the State to which the certificate is being sent (4) (11)	<b>Apartado 101 36200 Vigo (Pontvedra) Spain</b>		
1.5 Identification No (4) (5)	<b>9456441 F</b>		
1.6 Trade Union? Unemployment fund (6)			

2. The insured person named above completed the following periods in the course of

- 2.1  the year  the two years (7)  the three years (7)  
 more than three years (7)  the four years (7)

preceding the end of his last employment **since: 04/12/00**

3. Periods of insurance relating to paid employment and periods treated as such (6)

3.1 Periods of insurance

from	to
04.12.00	02.06.01

3.2 Periods treated as periods of insurance

From	to	Reason for treating as such (9)
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4. Periods of employment and periods treated as such (8) (8a)

4.1 Periods of employment

from	to	Occupation (10)
04.12.00	02.06.01	

4.2 Periods treated as Periods of employment

from	to	Reason for treating as such (9)
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5 Details of last employment (Article 68 (1), second sentence)

Field of activity	Nature of work carried out (e.g. 'bricklayer' not 'building worker')	Approximate wage per reference period
Retail		EUR 314.00 per week

- 5.1 Reason for termination
- Dismissal
  Resignation  
 Expiry of Contract
  termination of contract of contract by mutual consent  
 Other

6 The person concerned

- 6.1  has received or has still to receive wages for the period following termination of work, up to \_\_\_\_\_
- 6.2  has received or has still to receive, on termination of work, compensation or other similar payment, amounting to \_\_\_\_\_
- 6.3  has received or has still to receive payment in lieu of annual leave, amounting to \_\_\_\_\_ for \_\_\_\_\_ days(12)
- 6.4  has waived the following rights which he enjoys under his contract of employment (13) \_\_\_\_\_  
Reason \_\_\_\_\_
- 6.5  is in receipt of other benefits

7 Since the commencement of last employment shown in item 5 the person concerned received unemployment benefits

from	to
<del>_____</del>	

- 8  The person concerned is entitled to benefits under Art. 69 of Reg. 1408/71 (E 303 certificate from \_\_\_\_\_ to \_\_\_\_\_ drawn up on \_\_\_\_\_)
- 9  The person concerned is not entitled to receive benefits under Art. 69 of Reg. 1408/71  because there is not entitlement under the legislation administered by the institution issuing the certificate
- 9.2  because he had not remained available to the employment services of the competent country for a period of four weeks from the day on which he became unemployed and because he was not authorised to leave that country before the end of that period
- 10  The person concerned is not entitled to benefits under Art. 71.1.a.i or Art. 71.1.b.i of Reg. 1408/71 from the institution issuing this certificate

11

11.1 Name **Department of Social Community Family Affairs,**

11.2 Address(2) **Oisín Hse, Pearse St, Dublin 2, Ireland.**

11.3 Stamp **Department of Social, Community and Family Affairs  
International Records  
Pearse Street  
Dublin 2  
Ireland**

11.4 Date **21-Jan-02**

11.5 Signature **Carmel Byrne**

# P60

# SOCIAL PAYE/PRSI BENEFITS



## CERTIFICATE OF PAY, TAX AND PAY-RELATED SOCIAL INSURANCE FOR 2000/2001

TO BE GIVEN TO EACH EMPLOYEE WHO WAS IN YOUR EMPLOYMENT ON 5 APRIL 2001 WHETHER OR NOT TAX WAS DEDUCTED

NAME Mr Francisco J Molina  
 ADDRESS 3 Riverview Estate, Glasheen Rd  
Loch

Personal Public Service (PPS) Number (RSI No.)  
9456441 F

If at 5 April 2001  
 Temporary basis applied enter "1"   
 Emergency basis applied enter "2"   
 Week 1/Month 1 basis applied enter "W"   
 Employers Unit Code

T F A for year <u>5766</u>	Tax Table <u>A</u>	Works Number	Date of Commencement <u>4   12   00</u>	Enter only if date is after 5 April 2000
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If the employee was not in any other employment during the period 6 April 2000 to 5 April 2001, the employer need not complete lines 1 and 2 at A and B below. Lines A3 and B3 must always be completed. If an entry is made at line A1 it should equal the sum of the amounts at lines A2 and A3.

PAY		IR£	p
A	1. Total pay in year to 5 April 2001 (including pay in respect of previous employment(s), if any) .....		
	2. Pay in year in respect of previous employment(s), if any, in the year to 5 April 2001 taken into account arriving at the tax deductions made by me/us .....		
	3. Pay in respect of THIS employment (i.e. gross pay less superannuation contributions allowable for income tax purposes) .....	<b>J6</b>	<u>3247</u> -

TAX		IR£	p
B	1. Total net tax deducted in year ended 5 April 2001 (including tax deducted by previous employer(s), if any) .....		
	2. Tax in respect of previous employment(s), if any, in the year to 5 April 2001 .....		
	3. Net tax deducted in respect of THIS employment .....	<b>J7</b>	-
	OR Net tax repaid in respect of THIS employment .....	<b>H9</b>	

PRSI IN THIS EMPLOYMENT		IR£	p
C	1. Employee's share of pay-related social insurance contribution .....	<b>K3</b>	-
	2. Total (i.e. employee's and employer's shares) of pay-related social insurance contribution .....	<b>K4</b>	<u>276</u> 01
	3. Total number of weeks of insurable employment inclusive of the number of weeks, if any, at line 6 below .....	<b>F2</b>	<u>17</u>
	4. Social insurance contribution class at 6 April 2000 or at such later date as employment commenced .....	<b>C2</b>	<u>A0</u>
	5. Second social insurance contribution class/subclass if class changed during this employment .....	<b>C3</b>	
	6. Number of weeks of insurable employment at the class entered at line 5 .....	<b>F3</b>	

I/We certify that the particulars given above include the total amount of pay (including overtime, bonus, commission, etc.) paid to you by me/us in the year ended 5 April 2001 the total tax deducted by me/us less any refunds and the total pay-related social insurance contribution in respect of this employment.

P1 Employer's Registered Number  
8269321 R

Employer Garden Goodness Ltd Date 30/4/01

**TO THE EMPLOYEE: THIS IS A VALUABLE DOCUMENT.**  
 You should retain it carefully as evidence of tax deducted from your income:-  
 You may also require this document for production to the Collector General if you are claiming repayment of:  
 (a) PRSI contributions on pay in excess of the pay ceiling for contribution purposes or  
 (b) the Health Contribution where income was below the relevant threshold for the year.



Form P45

CERTIFICATE NO.

R237609

INCOME TAX - PAY AS YOU EARN - CESSATION CERTIFICATE

# Particulars of Employee Leaving

1.	Employee's Surname <b>MOLINA</b>	Employee's First Name(s) <b>FRANCISCO</b>
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EMPLOYEE				EMPLOYER																
PPS Number				Works Number	Registered Number			Unit No.												
2.	9	4	5	6	4	4	1	F		8	2	6	9	3	2	1	R	4	9	1

3.	Date of Leaving	DAY	MONTH	YEAR	Date of Commencement if after 6th April last	DAY	MONTH	YEAR
		2	6	01				

4.	As at date of leaving	If Monthly Paid		Tick (✓) if Emergency Tax operated	If Weekly Paid	
		Monthly Tax Credit	Month No.		Weekly Tax Credit	Week No.
					29.48	
		Monthly Standard Rate Cut-Off Point			390.77	9

Employee's date of birth where PPS number is not known: / /

5.	(a) Totals from 6th April last to date of leaving	(b) If this employment started since 6th April last enter amount for this employment only																								
	<table border="1"> <tr> <td>£</td><td>Pay</td><td>£</td><td>Tax Deducted</td><td>£</td><td>p</td> </tr> <tr> <td></td><td>2220.90</td><td></td><td>178.86</td><td></td><td></td> </tr> </table>	£	Pay	£	Tax Deducted	£	p		2220.90		178.86			<table border="1"> <tr> <td>£</td><td>Pay</td><td>£</td><td>Tax Deducted</td><td>£</td><td>p</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	£	Pay	£	Tax Deducted	£	p						
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6. Amount of taxable lump sum payment on termination of employment included in pay figure at item 5(a) or 5(b) above - if applicable: £

7. PRSI This employment only

Total PRSI	£	242.30	Employee's share	£	32.34
Total no. of weeks of insurable employment		9	Total no. of weeks of insurable employment at Class or Subclass 'A'		9

PRSI classes other than Class or Subclass 'A'

Please complete A, B or C below where an employee was in receipt of taxable Disability Benefit since 6 April last while employed by you

7A.

(a) Total amount of Disability Benefit included in Pay at item 5(a) above	£	
(b) Amount by which Tax Credits were reduced	£	
Amount by which Standard Rate Cut-Off Point was reduced	£	
(c) Non-cumulative basis operated due to employee being in receipt of Disability Benefit	Yes (Please ✓)	<input type="checkbox"/>

**EMPLOYEE**

- Take care of this form. Do not separate the three parts.
- Give this form to your NEW EMPLOYER. If you do not do so too much tax may be deducted.
- If you are claiming Unemployment Benefit, hand in the three parts to the Employment Office: Parts 2 and 3 will be given back to you.
- If you are unemployed and claiming tax repayment Parts 2 and 3 (with Part 4 if you are not claiming Unemployment Benefit) and completed Form P50, which you should have received from your last employer, should be sent to the Tax Office. Form P50 may be obtained from the Tax Office.
- If you do not wish your next employer to know your previous pay and tax deductions send Parts 2 and 3 (with Part 4 if still attached) to the Tax Office and arrangements can be made accordingly.

**NEW EMPLOYER**

- Check the entries with those on Part 3. If there is a difference do not alter any entry and notify the Tax Office immediately.
- Complete items 8 to 10 on Part 3 and send it to the Tax Office immediately. Keep Part 2.
- If "E" is in the box at item 4 operate Emergency Procedure. (Use Form P13/14 or approved alternative method).
- If a pay day occurs before you receive a Certificate of Tax Credits and Standard Rate Cut off Point in your name from the Tax Office, use the Temporary procedure (Form P13/14 or approved alternative method).