

Form DR1 Claim for Dependent Relative Tax Credit



Claimant's Details

Name

Address (include Eircode)

PPSN

Details of Dependent Relative

Name

Address (include Eircode)

PPSN (if known)

Relationship to you

Source(s) of his or her income (if any) (for example State Pension, Deposit Interest, etc.)

Annual amount of his or her income € , .00

Annual amount contributed by others € , .00

If claim is not for a widowed father or mother of yourself, spouse or civil partner or a parent of your civil partner who is himself or herself a surviving civil partner state:

Dependent's date of birth

Nature of the infirmity

