Comhairle Chontae An Longfoirt
Áras an Chontae
Sráid Mhór na hAbhann
Longfort N39 NH56

T 043 334 33 00

Longford County Council
Áras an Chontae
Great Water Street
Longford N39 NH56

W longfordcoco.ie

Motor Tax Refunds

Applications for refunds of motor tax can be made to your local motor tax office, in circumstances when,

- The vehicle has been scrapped/destroyed or sent permanently out of the state
- The vehicle has been stolen and has not been recovered by the owner
- A vehicle in respect of which a tax disc has been taken out has not been used in a public place at any time since the issue of the disc
- The owner of the vehicle has ceased, because of illness, injury or other physical disability, to use the vehicle
- The owner of the vehicle has ceased, because of absence from the state for business or educational purposes, to use the vehicle
- The owner of the vehicle has ceased, because of service overseas with the Defence Forces, to use the vehicle

When applying for a Motor Tax Refund please submit the following:-

- RF120 Application for a Refund of Motor Tax form
- Payments Authorisation Form
- Top part of Bank Statement
- Certificate of Destruction
- Motor Tax Disc
- Extra documentary proof may be requested to accompany the application.

IMPORTANT: Tax discs must be surrendered immediately as refunds are calculated from the first of the month following the surrender of the disc. A minimum of three unexpired whole calendar months must be left on the disc when surrendered.

APPLICATION FOR A REFUND OF MOTOR TAX

RF120

Tax Disc must be surrendered immediately as refunds are generally calculated from the first of the month following the surrender of the disc. A minimum of 3 unexpired whole calendar months must be left on the disc when surrendered.

A. OWNER/VEHICLE DETAILS

1. REGISTRATION NUMBER

Make / Model **Colour(s)**

Chassis Number

OWNER

Mr., Ms., etc. **First Name(s)**

Surname OR Company Name

Address

Town / City

Country **Phone No.**

Eircode

B. REASONS FOR REFUND

1. Vehicle Stolen
The vehicle was stolen on Day Month Year

and has not since been recovered

2. Vehicle Scrapped / Destroyed
The vehicle was scrapped completely and destroyed on Day Month Year and is incapable of being used on the roads

3. Vehicle Exported
The vehicle was sent permanently out of the State on Day Month Year

4. Vehicle Not Used
The vehicle has not been in a public place at any time since the **issue** of the tax disc.

Documents to Accompany Application:

In all cases Tax Disc and Vehicle Licensing Certificate or Registration (Log) Book

* `Medical certificate, letter from eductional body or business etc., confirming the relevant period.

***5. Vehicle not used because Owner's illness / injury**
I, the owner of the vehicle have ceased to use it from Day Month Year

because of illness, injury or other physical disability and I will be unable to use it until at least Day Month Year

***6. Vehicle unused because the Owner absent from the State**
I, the owner of the vehicle have ceased to use it from Day Month Year

Because of absence from the State for business / educational purposes or overseas service with the Defence Forces. I will be absent from the State until Day Month Year

***7. Vehicle Duty Error**
The duty was paid / overpaid by mistake in the following circumstances

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C. DECLARATION

I declare that the particulars given at 'A' above are correct and I apply for a refund of motor tax for the reason (tick) given at B. I attach the required evidence (Medical Certificate, etc as appropriate) in support of my claim and I further declare that the vehicle in respect of which the refund is being sought will not be used by me or with my consent in any public place during the remainder of the licensing period unless it is properly licenced.

Signature of Owner: _____

Signature of Garda / Witness _____

Date: _____

Garda Station Stamp

D. FOR OFFICIAL USE ONLY

Serial Number of Application _____

Date of Surrender of Licence _____

Date of Expiry of Licence _____

Number of months remaining _____

Annual Rate of Tax _____

Repayment / Refund Amount _____

Date Allowed / Disallowed _____

Date Repaid / Refunded _____

The completed form must be sent to your local Motor Tax Office

PRIVACY STATEMENT

The Department of Transport requires customers to provide certain personal data in order to carry out our legislative and administrative functions. The Department will treat all information and personal data that you provide as confidential, in accordance with the General Data Protection Regulation and Data Protection legislation.

Your personal data may be exchanged with other Government Departments or agencies under the remit of Department of Transport in accordance with law. Full details of the Department's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at www.gov.ie/en/publication/fdde77-data-protection/ Details of this policy are also available in hard copy upon request by emailing dataprotection@transport.gov.ie or in writing to Data Protection Unit, Department of Transport, Leeson Lane, Dublin D02

AN LONGFORT CONNECTED
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People · Place · Opportunity

Supplier Set Up/Amendment Request Form

Section A to be completed by Supplier

Personal/Company Details

Supplier Name	
Supplier Address	
Eircode/Postal Code	
Phone Number	
Email Address for Remittances	
Tax Reference Number/PPSN*	

**Please note your PPSN/ TRN is required to verify tax clearance status if applicable and will be used when submitting returns to Revenue*

Bank Details

Bank / CU Name & Address	
IBAN	
BIC	

A copy of the top of your bank statement showing your name, IBAN & BIC must be submitted with this form before any payment can be made

If your bank account changes after submission of this form please email accountspayable2@longfordcoco.ie immediately

I authorise the use of Electronic Funds Transfer for payments into the account above.

Signed _____ Dated _____

Please ensure that 1. Section A has been completed 2. Bank Statement is attached

Please note - you will be contacted by a member of the Accounts Payable team to confirm details

If you are a Trade Supplier providing a service have you completed the H&S Prequalification Questionnaire? (Y or N)	

Section B To be completed by LCC Section requesting Set-up/Amendment

Tick Appropriate box ☑ Setup New Supplier ☐ Amend Existing Supplier **Supplier ID** _____

Please indicate category of supplier: 13

Requested by: Jacinta Maguire

Section: Motor Tax

REV5 Reference: N/A

Supplier Categories		
1 = Trade Supplier	2 = Expenses (Staff)	4 = Other Grants
5 = Other LA	6 = Revenue	7 = Other Payroll Ded
8 = Superannuation	9 = Housing Loans	10 = Members
11 = RAS/SCH LL's	12 = LEO (Grants)	13 = Refunds

Section C To be completed by Accounts Payable

Details Confirmed ☐ _____

Bank Detail Amendment? ☐ Authorised _____