



**RÉPUBLIQUE
FRANÇAISE**

*Liberté
Égalité
Fraternité*

**Withholding tax on income
distributed by French companies**
paid by a legal entity established in a State of the
European Economic Area and having signed
a tax treaty with the French tax authority



13590*12

**2779-ANG-SD
(01-2022)**

Return completed in euros to be submitted, and the corresponding withholding tax to be paid, to the Non-Residents Tax Centre, 10 rue du Centre, TSA 50014, 93465 NOISY-LE-GRAND CEDEX, FRANCE in the first fifteen days of the month following the payment of the distributed income concerned to the declarant.

Month covered by return					
(Give month during which the income was paid)	<table border="1"> <tr> <td style="width: 150px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;"><i>Month</i></td> <td style="text-align: center;"><i>Year</i></td> </tr> </table>			<i>Month</i>	<i>Year</i>
<i>Month</i>	<i>Year</i>				

Declarant																
Company name: _____																
Address: _____																
Country: _____																
Identification no. allocated under the agreement: (Must be quoted on every return)																
	<table border="1"> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">F</td> <td style="width: 20px; height: 20px; text-align: center;">R</td> <td style="width: 20px; height: 20px; text-align: center;">P</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	2	7	7	9				F	R	P					
2	7	7	9				F	R	P							

Payment	
AMOUNT PAYABLE (enter amount from page 2, line OP):	
Method of payment: withholding tax, together with the bank charges on the transaction, must be paid by direct credit transfer to the Non-Residents Tax Centre's account with the Banque de France specified below: IBAN : FR76 3000 1000 6400 0000 9562 009 PARIS BANQUE CENTRALE SWIFT/BIC (Bank Identifier Code): BDFEFRPPXXX	

Date and signature	
Date: _____	Signature: _____

Application for refund	
Name/Company name of person authorised to act: _____	
is applying for refund of the sum of _____ euros corresponding to the credit balance of this return, and undertakes not to deduct this credit on subsequent returns (remember to provide bank details for the account to be credited: SWIFT/BIC and IBAN).	
Date: _____	Signature: _____

For official use only	
Tax: _____	<input type="checkbox"/> Part payment
Standard penalties: _____	<input type="checkbox"/> No payment
Transaction No.: _____	
Date: _____	

This return must be completed in euros.

Do not enter euro cents: fractions of a euro under 0.50 are rounded down while those above or equal to 0.50 are rounded up.

1. Withholding tax on income distributed to non-residents	Tax base	Rate	Tax	
Dividends and other distributed income (statutory rates in France)	25 %	.....
	15 %	.....
	12,8 %	.....
Dividends and other distributed income subject to withholding tax lower than the statutory rate pursuant to international tax treaties %	
 %	
 %	
 %	
 %	
Gross total withholding tax			.....	HI
Amount of revenue referred to in Articles 108 to 117 <i>bis</i> of the French General Tax Code which has been exempted from withholding tax pursuant to Article 119 <i>bis</i> , point 2 of the French General Tax Code.			.....	HJ

2. Deductible credits			
A. Credit from previous Return Form No. 2779 (line OP total on previous Return Form No. 2779, for which no refund has been claimed)		.....	JK
B. Credits from Forms 5000 and 5001 (attach forms). If there is not enough room in the box, attach a statement on the same pattern.			
Month covered by Return Form No. 2779 (month/year)	Amount of withholding tax deductible		
		
		
		
		
Total amount deductible	.....		KY
C. Any other adjustments (see explanatory notice)	.....		NP
Total credits deductible: JK + KY + NP	.....	

3. Amount payable		
Line HI – (lines JK + KY + NP) Enter on page 1 of return under “Amount payable”	.....	OP (A331)
If OP is negative you have a credit. You can:		
<ul style="list-style-type: none"> - either claim a refund, subject to completing the relevant box on page 1 of this return and attaching relevant vouchers, - or deduct the amount on your next Return Form No. 2779 in Box 2, line JK. 		