

See instruction before filling, please.

To Tax Office in, at, for

01 Tax identification number

02 Personal identification number

Seal

03 Regular tax return¹⁾

Corrective Tax Return

Supplementary Tax Return

Reasons for a supplementary tax return ascertained on the day

04 Classification code for type of tax return²⁾

Date

05 A tax return prepared and submitted by a Tax Advisor on the base of a power of attorney, that had been submitted before passing of an original time limit¹⁾

Yes

No

05a Statutory obligation to have Financial Statement verified by an auditor¹⁾

Yes

No

INCOME

Tax return by individuals

pursuant to the Act no. 586/1992 Coll., on Income Taxes, as amended (hereinafter "Act")

for the taxable period (calendar year) or its part²⁾ from to
(hereinafter "tax return")

PART I - Information about a taxpayer

06 Surname	07 Family Name	08 First Name(s)
09 Title	10 Nationality	11 Passport number

Address of the place of residence at the day of filing of the tax return

12 Municipality	13 Street / part of Municipality	14 Building number / identification
15 Zipcode	16 Telephone / mobile number	17 Fax number / e-mail
		18 State

Address of the place of residence at the last day of calendar year, for which tax is being ascertained

Rows from 19 to 22 fill only in case, that the address at the last day of the calendar year, for which the tax return is filed, is different from the address on the day of filing the tax return.

19 Municipality	20 Street / part of Municipality	21 Building number / identification	22 Zipcode
-----------------	----------------------------------	-------------------------------------	------------

Address of the place of residence in the Czech Republic, where taxpayer was having habitual abode in the taxable period

Rows from 23 to 28 fill only if you have not residence address in the Czech Republic.

23 Municipality	24 Street / part of Municipality	25 Building number / identification
26 Zipcode	27 Telephone / mobile number	28 Fax number / e-mail

29 Country Code - only tax non-resident filling

29a Total worldwide income CZK

30 Affiliation with Foreign persons¹⁾ Yes No

The English version relates to the Czech version 25 5405 MFin 5405 model no. 17 that is under the laws the only valid tax return form.

25 5405/AJ MFin 5405/AJ - model no. 17

PART II - Partial tax base, loss

1. Calculation of a partial tax base from personal income tax from dependent activity (employment) and office-holders' emoluments (§ 6 of the Act)

	Taxpayer	Tax office
31 Total of all income from all employers		
32 Total of compulsory insurance pursuant to § 6 subsection 13 of the Act		
33 Tax paid in abroad pursuant to § 6 subsection 14 of the Act		
34 Partial tax base pursuant to § 6 of the Act (row 31 + row 32 – row 33)		
35 Total income from abroad raised by compulsory insurance pursuant to § 6 subsection 13 of the Act		

2. Partial tax bases from personal income pursuant to § 6, § 7, § 8, § 9, and § 10 of the Act, tax base and loss

36 Partial tax base from dependent activity pursuant to § 6 of the Act (row 34)		
36a Partial tax base from dependent activity pursuant to § 6 of the Act after exemption (row 36 – total of exempt incomes from foreign sources pursuant to § 6 of the Act or row 36)		
37 Partial tax base or loss from business activity and other independent gainful activity pursuant to § 7 of the Act (row 113 of attachment no. 1 of tax return)		
38 Partial tax base from income accruing from capital pursuant to § 8 of the Act		
39 Partial tax base or loss from lease pursuant to § 9 of the Act (row 206 of attachment no. 2 of tax return)		
40 Partial tax base from other income pursuant to § 10 of the Act (row 209 of attachment no. 2 of tax return)		
41 Total of rows (row 37 + row 38 + row 39 + row 40)		
41a Total of the partial tax bases pursuant to § 7 up to § 10 of the Act after exemption (row 41 – total of exempt incomes from foreign sources pursuant to § 7 to § 10 or row 41)		
42 Tax base (row 36a + positive value from row 41a)		
43 (Not filled)		
44 Claimed loss - arose and ascertained for the preceding taxable periods up to the amount on row 41a		
45 Tax base after deduction of loss (row 42 – row 44)		

PART III - Tax allowances, Deductible items and total tax

The amount pursuant § 15	Number of months	Number of months
46 Subsection 1 of the Act (value of a donation/donations)		
47 Subsection 3 and 4 of the Act (deduction of total amount of interests)		
48 Subsection 5 of the Act (retirement insurance benefits)		
49 Subsection 6 of the Act (private life insurance)		
50 Subsection 7 of the Act (trade union contributions)		
51 Subsection 8 of the Act (payments for further education)		
52 § 34 subsection 4 of the Act (research and development)		
53 Other amounts		
54 Total amount of tax allowances and deductible items from tax base (row 46 + row 47 + row 48 + row 49 + row 50 + row 51 + row 52 + row 53)		
55 Tax base reduced by tax allowances and items deductibles from tax base (row 45 – row 54)		
56 Tax base rounded down to whole hundreds of Czech crowns		
57 Tax pursuant to § 16 of the Act		

PART IV - Total tax, loss

58 Tax pursuant to § 16 of the Act (row 57) or the amount from the row 330 of attachment no. 3 of tax return		
59 (Not filled)		
60 Total tax rounded up to whole Czech crowns (row 58)		
61 Tax loss - rounded up to whole Czech crowns without the minus sign		

PART V - Claiming of tax relief and tax credit

62 Total of tax reliefs pursuant to § 35 subsection 1 of the Act		
63 Tax relief pursuant to § 35a or § 35b of the Act		

Table No. 1 INFORMATION ABOUT SPOUSE

Surname, name, title of spouse		Personal identification number	
Amount pursuant to § 35ba subsection 1	Number of months		Number of months
64 letter a) of the Act (to taxpayer)			
65a) letter b) of the Act (to spouse)			
65b) letter b) of the Act (to spouse, that is a holder of a card of severely disability)			
66 letter c) of the Act (to recipient (beneficiary) of partial disability pension due to disability of first or second degree)			
67 letter d) of the Act (to recipient of full disability pension due to disability of third degree)			
68 letter e) of the Act (to holder of a card of severely disability)			
69 letter f) of the Act (studies)			
70 Total amount of tax reliefs pursuant to § 35, § 35a, § 35b and § 35ba (row 62 + row 63 + row 64 + row 65a + row 65b + row 66 + row 67 + row 68 + row 69)			
71 Tax after claiming of tax relief pursuant to § 35, § 35a, § 35b and § 35ba (row 60 – row 70)			

Table No. 2 INFORMATION ABOUT DEPENDENT CHILDREN IN THE HOUSEHOLD

	Surname and First name	Personal identification number	Number of months	Number of months with card of severely disability
	1	2	3	4
1				
2				
3				
4				
Total				

72 Tax credit for every child		
73 Tax relief (amount from row 72 claimed up to the amount of the tax on row 71)		
74 Tax after claimed relief pursuant to § 35c of the Act (row 71 – row 73)		

75 Tax bonus (row 72 – row 73)		
76 Total of monthly tax bonuses pursuant to § 35d of the Act (including relevant additional charge to tax bonus)		
77 Difference on tax bonus (row 75 – row 76)		

PART VI - The supplementary tax return

78 The last known tax		
79 Tax ascertained pursuant to § 141 of the Act no. 280/2009 Coll., on Administrations of Taxes (row 74)		
80 Difference in rows (row 79 – row 78): increase (+) an amount of tax is increased, decrease (-) an amount of tax is decreased		
81 The last known tax – the tax loss pursuant to § 5 of the Act		
82 The ascertained tax loss pursuant to § 141 of the Act no. 280/2009 Coll., on Administration of taxes (row 61)		
83 Difference between rows (row 82 – row 81): Increase (+) – tax loss is increased, decrease (-) tax loss is decreased		

PART VII - Payment of the tax

84 Total of withheld advances to tax from dependent activity and office-holder's emoluments (after tax reliefs)		
85 Total of remaining tax advances		
86 The paid tax ascertained as lump sum pursuant to § 7a of the Act		
87 The tax withheld pursuant to § 36 subsection 7 of the Act (state bonds)		
87a The tax withheld pursuant to § 36 subsection 7 of the Act		
88 Tax secured by a payer pursuant to § 38e of the Act		
89 The tax withheld from pursuant to § 38f subsection 12 of the Act		
90 The paid tax liability (advance) pursuant to § 38 gb) subsection 4 of the Act		
91 The rest to pay (row 74 – row 77 – row 84 – row 85 – row 86 – row 87 – row 88 – row 89 – row 90): (+) underpayment (-) overpayment		

ATTACHMENTS OF A TAX RETURN:

In column fill in number of attached sheets

The title of attachment	
Attachment No. 1 – "Calculation of the partial tax base from business activity and other independent gainful activity (§ 7 of the Act)"	
Attachment no. 2 – "Calculation of the partial tax bases from lease (§ 9 of the Act) and other income (§ 10 of the Act)"	
Attachment no. 3 – "Calculation of the income tax from abroad (§ 38f of the Act) and of the tax after relief" including separate sheets of the Part I	
The final statement of taxpayer, that keeps accounting	
"Confirmation of taxable income from dependent activity and office-holder's emoluments and of withheld tax from advances to tax and tax credit" for the relevant taxable period from all employers (for example pursuant to § 38j subsection 3 of the Act)	
Proof of gift provided	
Confirmation of provided bank credit for housing needs and of the amount of interests from this bank credit	
Confirmation of paid amounts for pension insurance	
Confirmation of paid amounts for private life insurance	
Confirmation of paid remuneration for further education	
Reasons for filing of the Supplementary Tax Return	
Other enclosures not mentioned above	
Total number of sheets of attachments	

I DECLARE, THAT THE INFORMATION STATED BY ME IN THIS TAX RETURN IS TRUE AND COMPLETE AND I UNDERSIGN IT.

DATA OF THE REPRESENTATIVE	CODE OF THE REPRESENTATIVE
<input type="text"/>	
FIRST NAME(S) AND SURNAME / NAME OF THE LEGAL ENTITY	
<input type="text"/>	
DATE OF BIRTH / REGISTRATION NUMBER OF THE TAX CONSULTANT / ID OF THE LEGAL ENTITY	
<input type="text"/>	
INDIVIDUAL AUTHORIZED TO SIGNATURE (IF THE REPRESENTATIVE IS LEGAL ENTITY), WITH MENTION CONCERNING A RELATIONSHIP TO THE LEGAL ENTITY (i.e. PARTNER, AGENT, AUTHORIZED EMPLOYEE)	
NAME(S) AND SURNAME / RELATIONSHIP TO THE LEGAL ENTITY	
<input type="text"/>	

Taxpayer/person authorized to signature Date <input type="text"/>	Autograph signature of the taxpayer/person authorized to signature <input type="text"/>
---	---

Seal <input type="text"/>

Seal print of the Tax office

1) Mark with cross corresponding option

2) Data fill only if you have classification code for type of tax return in cases laid down in § 38gb of the Act and in cases laid down in § 239 and § 244 of the Act no. 280/2009 Coll., on Administration of Taxes, as amended

REQUEST FOR REFUND OF THE OVERPAYMENT OF PERSONAL INCOME TAX

Pursuant to § 154 and § 155 of the Act no. 280/2009 Coll., on Administration of taxes as amended, I request a refund:

The overpayment of personal income tax CZK.

The overpayment send on address

The overpayment refund on the bank account with No.....

Code of bank Specific symbol

The owner of account account's currency

In on the day Signature of taxpayer (assistant) **XXXXXXXXXXXXXX**