

DECLARATION

of the tax payer of the income tax by individuals from dependant activity
and from function benefits

Surname _____	Name _____	
Title _____	Personal identification number ¹⁾ _____	Passport number ¹⁾ _____
Residence address (permanent residence) _____		Zipcode _____
I sign the declaration for the taxpayer (name and address) _____		

I.

1. Pursuant to Section 35ba subsection 1 letter a) and Section 35d subsection 2 of the Act No. 586/1992 Coll., on Income taxes, as amended (thereinafter „Act“) tax exemption on the tax payer for the taxable period or stated part of taxable period:

I apply ²⁾
I don't apply ²⁾

I apply ²⁾
I don't apply ²⁾

I apply ²⁾
I don't apply ²⁾

2. I apply a tax exemption pursuant to Section 35ba subsection 1 letters c) to f) and Section 35d subsection 2 of the Act from the following reason³⁾:

- a) I draw a partial disability pension from the pension insurance pursuant to the Act on pension insurance or the claim on partial disability pension lapsed from the reason of a concurrence of the claim on payment of partial disability pension or retirement pension,
- b) I draw a full disability pension or other pension from the pension insurance pursuant to the Act on pension insurance, which one condition of the tax return is, that I am fully disabled, the claim on full disability pension lapsed from the reason of concurrence of claim on full disability pension payment and retirement pension,
- c) I am the holder of a card of severely disabled

Type of the recognized pension from the reason of disablement	Number and date of the decision about the pension recognition, if need certificate of the local tax administrator no.; from the date	Pension recognized from	Date of issuing of a card of severely disabled

d) I am continuously preparing for the future employment by studying or specified practice, in the taxable period

from - to ²⁾

from - to ²⁾

from - to ²⁾

respectively till the top of 26 years or, for the period of presence form of study in the doctoral study programme, that is providing the university education till the top of 28 years.

3. I apply the tax benefit on the maintained child living with me in the household (natural, adoptive, child in ward, which replaces the parents care, one of the husbands child a grandson/granddaughter, if his parents have no incomes, from which they can apply the tax benefit):

a) Minor child

First name and Surname	Personal identification number	First name and Surname	Personal identification number

a) Major child till the top of 26 years, if he is not drawing the full disabled pension and
- he is continuously preparing for the future employment:

First name and Surname	Personal identification number	First name and Surname	Personal identification number

- he cannot continuously prepare for the future employment or practise the gainful activity because of illness or injury, or
- he is not able to practise any continuously gainful activity because of the longtime severe health condition:

First name and Surname	Personal identification number	Condition	Certificate of the Local tax administrator no., from the date

c) From children mentioned in the letters a) and b) the holders of a card of severely disabled are:

First name and Surname	Personal identification number	First name and Surname	Personal identification number

If you are applying a tax benefit and your spouse is employed, fill in:

Data about the spouse living with me in a household:

Surname and First name	
Name and address of the employer	

II.

I declare, that

I **do not** continuously **apply** for the same taxable period nor even for the same calendar month of the taxable period

- a) **claim on a tax exemption pursuant Section 35ba of the Act** by another taxable person, and that I currently did not sign the tax declaration³⁾ by another taxable person for the same taxable period;
- b) **tax benefit⁴⁾** for the maintained child by another taxable person, and that another person does not apply the tax benefit for the same maintained child for the same taxable period, nor even for the same calendar month of the taxable period;

If there will be during the taxable period any change of facts important for the tax advance calculation and for tax or if there will be any change of conditions for providing tax exemptions pursuant Section 35ba of the Act, or tax benefit, I will literally notify it to the taxable person (e.g. by change in the declaration) on the last day of the calendar month at the least, in which the change occurred.

I **am aware** of the consequences, if this declaration would not correspond to a truth and I am aware of that the difference from the incorrectly deducted tax advance or income tax by individuals from dependant activity and function benefits and the tax benefit on my fault will be deducted from my wage in the full amount including attribution.

I mention below the changes, that occurred during the taxable period:

Type of change	When the change occurred	Date of signature	Tax payer's signature

I acknowledge the truthfulness and integrity of the data mentioned in this declaration

For the taxable period	Date	Signature
Additionally for the taxable period (for a calendar month)	Date	Signature
For the taxable period	Date	Signature
Additionally for the taxable period (for a calendar month)	Date	Signature
For the taxable period	Date	Signature
Additionally for the taxable period (for a calendar month)	Date	Signature

The tax payer proved the recognition claim on the tax exemptions pursuant Section 35ba of the Act and claim on the tax benefit⁵⁾

For the taxable period	Verified beyond the taxable person	For the taxable period	Verified beyond the taxable person	For the taxable period	Verified beyond the taxable person

III.

I ask for a completion of the yearly accounting of the tax advances and tax benefit²⁾ and for a completion of calculation of the income tax by individuals from dependant activity and function benefits

for the taxable period

and I currently declare, that for the mentioned taxable period

1. I am not obliged to declare the Income tax return by individuals

2. I have not drawn other incomes liable to income tax by individuals higher than CZK 6,000 pursuant Sections 7 to 10 of the Act in the preceding taxable period except the pay from a single payer or gradually from many payers including wages additionally paid or accounted by these payers in the period, when I have already not been practising any dependant activity or function for them, incomes taxable by the deducted tax according to the special tax rate and except the incomes, that are not subject to tax or they are free of tax.

3. I have drawn the incomes liable to income tax by individuals from dependant activity and from function benefits in the preceding taxable period except the incomes taxable by deduction according to the special tax rate and except the incomes, which are not subject of tax or they are free of tax

a) only from a single payer in the taxable period²⁾

b) gradually from another payers including the wages additionally paid or accounted by these payers in the period, when I have already not been practising any dependant activity or function, which I mention below and I currently submit the verification from these payers about taxable incomes and deducted tax advances and tax benefit²⁾.

In the taxable period	Name of the payers

4. In the preceding taxable period at the preceding taxable persons

a) a month tax exemption pursuant Section 35ba of the Act

 I have applied²⁾
 I have not applied²⁾
 I have applied²⁾
 I have not applied²⁾
 I have applied²⁾
 I have not applied²⁾

b) a month tax benefit

 I have applied²⁾
 I have not applied²⁾
 I have applied²⁾
 I have not applied²⁾
 I have applied²⁾
 I have not applied²⁾

I declare, that:

(fill in only the tax payer applying the nontaxable part of the tax base pursuant Section 15 subsection 3 and 4 of the Act)

- the interests allowance from the tax base, on which I apply a claim from the reason of the unpaid interests from a credit used for the financing of the housing needs from the building savings²⁾, interests from a mortgage credit²⁾ or from another credit provided in the context of these credits²⁾, building society²⁾, bank²⁾, or branch of the foreign bank²⁾ or foreign bank²⁾, for the taxable period

other person does not apply²⁾,
 these persons do apply²⁾ /show in the table/

Taxable period	First name and surname	Personal identification number	Address of the permanent residence

- subject of the housing need in the letters a)²⁾ b)²⁾ c)²⁾ d)²⁾ e)²⁾ f)²⁾ g)²⁾ h)²⁾ Section 15 subsection 3 of the Act, on which I apply the interests allowance from the provided credit, has been used in accordance with Section 15 subsection 4 of the Act, and that the interests amount, which the tax base is decreased about pursuant Section 15 subsection 3 and 4 of the Act, has not exceeded CZK 300,000 in the total by all the participants - of the agreements about credits - living in my household in the preceding taxable period. At the interests payment the applied amount has not exceeded one twelfth of this maximum amount for every month of the interests payment only in the part of the year.

Except the claim on tax exemptions and claim on tax benefit according to data mentioned already in this declaration
I apply a claim on:

1. Tax exemption on my spouse pursuant Section 35ba subsection 1 letter b) of the Act

Name _____ Surname _____ Personal identification number _____

who in the preceding taxable period

from - to²⁾

from - to²⁾

from - to²⁾

was living with me in the household and has not had the personal income higher than CZK 38,040 in this taxable period and in the preceding taxable period

has been²⁾

has not been²⁾

has been²⁾

has not been²⁾

has been²⁾

has not been²⁾

holder of a card of severely disabled.

2. Nontaxable parts of the tax base:

a) From the reason of **providing** a gift pursuant Section 15 subsection 1 of the Act

Taxable period	Gift value (CZK)	Taxable period	Gift value (CZK)	Taxable period	Gift value (CZK)

b) From the reason of the **paid credits interests** pursuant Section 15 subsections 3 and 4 of the Act

Taxable period	Interests amount (CZK)	Taxable period	Interests amount (CZK)	Taxable period	Interests amount (CZK)

c) From the reason of the **contributions payment on my pension additional insurance** pursuant Section 15 subsection 5 of the Act

Taxable period	Contributions amount (CZK)	Taxable period	Contributions amount (CZK)	Taxable period	Contributions amount (CZK)

d) From the reason of the **paid premium on my private life insurance** pursuant Section 15 subsection 6 of the Act

Taxable period	Premium amount (CZK)	Taxable period	Premium amount (CZK)	Taxable period	Premium amount (CZK)

e) From the reason of the **paid membership fee from a trade union member** pursuant Section 15 subsection 7 of the Act

Taxable period	Contributions amount (CZK)	Taxable period	Contributions amount (CZK)	Taxable period	Contributions amount (CZK)

f) From the reason of the **settlement for exams verifying the results of the further education** pursuant Section 15 subsection 8 of the Act

Taxable period	Settlement amount (CZK)	Taxable period	Settlement amount (CZK)	Taxable period	Settlement amount (CZK)

I acknowledge the truthfulness and the integrity of the data mentioned in the division III.

For taxable period	Date of signature	Tax payer's signature

¹⁾ State the date of birth and passport number or another ID, proving the taxpayer's identity, by the taxpayers mentioned in Section 2 subsection 3 of the Act.

²⁾ Delete as appropriate, if need according to particular taxable periods

³⁾ Section 38k subsection 4 of the Act

⁴⁾ Section 35c and Section 35d of the Act

⁵⁾ Section 38l of the Act