

DECLARATION

of the taxpayer liable to personal income tax from dependent activity (employment) and office – holders' emoluments

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|--|--|-------------------------------------|
| Surname _____ | Name(s) _____ | |
| 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 (hereinafter "Act"), basic tax exemption on the tax payer for the taxable period or stated part of taxable period:

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| <input type="checkbox"/> I apply ²⁾ |
| <input type="checkbox"/> I don't apply ²⁾ |

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|--|
| <input type="checkbox"/> I apply ²⁾ |
| <input type="checkbox"/> I don't apply ²⁾ |

| |
|--|
| <input type="checkbox"/> I apply ²⁾ |
| <input type="checkbox"/> 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 reason²⁾:

- I draw a disability pension by reason of disability of the first and second level from the pension insurance pursuant to the Act on pension insurance or the claim on disability pension by reason of disability of the first and second level lapsed from the reason of a concurrence of the claim on payment of disability pension or retirement pension.
- I draw a disability pension by reason of disability of the third level or other pension from the pension insurance pursuant disability of the third level to the Act on pension insurance, which one condition of the tax return is, that I am disabled in the third level, the claim on disability pension by reason of disability of the third level lapsed from the reason of concurrence of claim on disability pension in the third level payment and retirement pension.
- 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 |
|---|--|-------------------------|--|
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d) I am continuously preparing for the future employment by studying or specified practice, in the taxable period

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|-------------------------|
| from - to ²⁾ |
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| from - to ²⁾ |
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| from - to ²⁾ |
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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. Pursuant to Section 35c and Section 35d of the Act I apply the tax benefit on the maintained child living with me in the household in the territory of a member state of the European Union, Norway or Iceland (natural, adoptive, child in ward, which replaces the parent's care, grandson, one of the husbands child or grandson, 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 |
|------------------------|--------------------------------|------------------------|--------------------------------|
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a) Major child till the top of 26 years, if he is not drawing the disabled pension by reason of disability of the first and second level 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 |
|------------------------|--------------------------------|------------------------|--------------------------------|
| | | | |
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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
 - 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;
 - 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;
- as of 1st January of the mentioned taxable period the retirement pension from pension insurance or from foreign obligatory insurance of the same kind

| | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| I receive ²⁾ | I receive ²⁾ | I receive ²⁾ |
| I do not receive ²⁾ | I do not receive ²⁾ | I do not receive ²⁾ |

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

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|--|------|-----------|
| 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 |
|------------------------|------------------------------------|------------------------|------------------------------------|------------------------|------------------------------------|
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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 to 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 | In calendar months | Name of the payers |
|-----------------------|--------------------|--------------------|
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I declare, that:

(fill in only the tax payer applying the nontaxable part of the tax base pursuant to 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 persons 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 |
|----------------|------------------------|--------------------------------|------------------------------------|
| | | | |
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- 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 to 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.

