DECLARATION

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

_____ Name(s) _

	i Cisonai la	enuncation	number¹)		Passp	ort number1)		
Residence addre	ess (permane	ent residend	ce)				_ Zipcode	
I sign the declara	ation for the	taxpayer (name and addre	ess)				- 100°
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				ī				3
Pursuant to Sec taxes, as amendo period:	tion 35ba s ed (thereina	ubsection fter "Act")	1 letter a) and , basic tax exe	d Section 350 mption on th	d subsection 2 e tax payer for	of the Act	No.: 586 period o	5/1992 Coll., on Inc r stated part of tax
	l app	oly²)			l apply ²)		0	l appl
	_ I don't app	oly²)		1 d	on't apply ²)	_	8	I don't appl
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d) I am continuo	usly pr <mark>epari</mark> n	g for the fo	uture employme	nt by studying	or specified p	ractice, in the	e taxable p	eriod
from	- to ²)		. 6	from - to ²)			fr	om – to²)
respectively till university educ	I the top of 2	6 years or	for the period of	presence for	n of study in the	doctoral stu	dy prograr	nme, that is providin
35c subsection 6 number of mainta	of the Act a ained childre of the Europ	and pursua en living w bean Econo	ant to section 3 ith me in the ho omic Area, and	8k subsection	n 4 letter c) of steed in the terrison which child	the Act). I m fory of a med dren I apply/	ention in mber state I don't ap	ed (pursuant to Setable below, what is of the European Uply the tax benefit is apply the claim
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s a mandatory data a) Minor child	a that is decis	sive for the	amount of the p	rovided tax be	nefits			
s a mandatory data a) Minor child		sive for the		rovided tax be	nefits	ed child – ma and Surnam		n't apply – mark "N". Personal identification num
s a mandatory data a) Minor child	a that is decis	sive for the	amount of the p	rovided tax be	nefits			Personal
s a mandatory data a) Minor child	a that is decis	sive for the	amount of the p	rovided tax be	nefits			Personal

Surname_

First name and Surname	Personal identification number	First nar	me and Surname	Personal identification number
	Identification number			Identification name
 he cannot continuously p 	repare for the future employment	or practise the ga	inful activity because	of illness or injury, or
	any continuously gainful activity			condition:
First name and Surname	Personal identification number	(Condition	Certificate of the Local tax administrat no., from the date
				200
Erom children mentioned i	n the letters a) and b) the hold	are of a cord of a	averaly disabled are	
	Personal		<u> </u>	Personal
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				× 60
				e
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Name	Surname	Residence (permanent r		Employment Yes/No ⁸)
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⁷⁾ One child – mark "1", the second child – mark "2", the third and each subsequent maintained child – mark "3", I don't apply – mark "N". This is a mandatory data that is decisive for the amount of the provided tax benefits

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

For the taxable period	od		Date	Signatu	re
Additionally for the ta	axable period (for a ca	alendar month)	Date	Signatu	re
The tax payer proved t	the recognition claim	on the tax exemptions	s pursuant Section 35b	oa of the Act and clain	n on the tax benefit
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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		•		c.V	09
			II.		3
I ask for a completion tax by individuals from			and tax benefit ²) and	for a completion of cal	culation of the income
for the taxable period	ı		4 /	3	
	and I simult	aneously declare, tha	t for the mentioned tax	table period	
1. I am not obliged to	file the Income tax re	turn by individuals		* 5	
				2 to	
I have not drawn of in the preceding tax	ther incomes liable to	income tax by individu	ials higher than CZK 6	,000 pursuant to Sect	ions 7 to 10 of the Act
paid or accounted b	y these payers in the	perio <mark>d,</mark> when i h ave air	eady not been practising	ig any dependant activ	ity or function for them,
are free of tax.	the deducted tax acc	ording to the special to	ax rate and except the	incomes, that are no	t subject to tax or they
			2 :0		
are free of tax	comes liable to income omes taxable by deduce payer in the taxable pe	tion according to the spe	dependant activity and cial tax rate and except	from function benefits the incomes, which are	in the preceding taxable not subject of tax or they
, , , ,		eriod²)	1012		
b) gradually from ar	nother payers including	the wages additionally	paid or accounted by the	nese payers in the period	od, when I have already
		ity or function, which I re advances and tax ben		rently submit the verific	cation from these payers
		6 0			
In the taxable period	d In caler	dar months		Name of the payers	3
	1,000				
	40 40				
The state of the s	30				
200	9				
The patient	•				
YAL A					

I declare, that: (fill in only the tax payer a) applying the nontaxable part of the tax base pursuant to Section 15 subsection 3 and 4 of the Act

a) the interests allowed for the financing of	wance from the tax ba of the housing needs t	from the building savin	claim from the reason gs ²), interests from a nank ²), or branch of the	nortgage cre	edit²) or fro	m another credit
other person does no these persons do ap	ot apply²), ply²) /show in the table	1				
Taxable period	First nan	me and surname	Personal identification	number Ad	ldress of th	e permanent residence
						700
) g)²) h)²) of Section 15			0
amount, which the ta total by all the partici	x base is decreased ab pants of the agreement	out pursuant to Section is about credits living in	ordance with Section 15 15 subsection 3 and 4 o my household in the pre amount for every month	f the Act, has ceding taxal	not excee	ded CZK 300,000 in At the interests paym
b) In taxable period					180	
			does not apply tax relie			
-	-	l apply a	efit according to data claim on:	mentioned	l already i	n this declaration
Tax relief on my sp	ouse pursuant to Sec	ction 35ba subsection	1 letter b) of the Act		5	
me		Surname	Personal id	entification n	umber	
in the preceding tax	kable period		12/1/6	4		
from –	to ²)	from	to ²)		fron	n – to²)
s living with me in the able period	e household and has no	ot had the personal inco	ome higher than CZK 68	,000 in this t	axable peri	od and in the preced
	has been²)	0	has been²)			has been
r	nas not been²)		has not been²)			has not been
attending care fa placing of child) ⁶	t to Section 35ba sul cilities for preschool	ol children, including	the Act for maintaine kindergartens purs	ed child ⁴) live suant to the	e Educati	on Act (tax relief
lame	<u> </u>	Surname			PII	N
Taxable period	Paid amount (CZK)	Taxable period	Paid amount (CZK)	Taxable	period	Paid amount (CZh
ame	40,40	Surname			PII	N
Taxable period	Paid amount (CZK)	Taxable period	Paid amount (CZK)	Taxable	period	Paid amount (CZI
	6					
Iontaxable parts of From the reason of		formance pursuant to S	Section 15 subsection 1	of the Act		
Taxable period	Gift value (CZK)	Taxable period	Gift value (CZK)	Taxable	period	Gift value (CZK)
From the reason of	the paid credits inte	erests pursuant to Sec	tion 15 subsections 3	and 4 of the	Act	
Taxable period	Interests amount	Taxable period	Interests amount	Taxable		Interests amoun
	(CZK)		(CZK)			(CZK)
I						

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