

Applicant:

Academic title: First name: Surname: Birth certificate number: /
 Business name (applies to self-employed only): IČO (applies to self-employed only):
 Address – Street and house number: Town: ZIP:

OF INCOME FROM EMPLOYMENT*

Employer:

Employer: IČO: Phone number:
 Employer's address - Street and house number: Town: ZIP:

hereby confirms that the applicant:
 is employed in our organisation from as , and his/her employment is for the period
 indefinite / definite and has/ has not been terminated subject to notice period there are / are not reasons for employment termination.

Income:

Net annual income for the preceding calendar year (without child allowances):
 €, in words:

Average net monthly income for the last half-year (without child allowances):
 €, in words:

Child allowances (monthly):
 €, in words:

Amounts withheld:

Type: Sum: €, in words:
 Type: Sum: €, in words:

Certificate issued by: payroll department officer, telephone:
 Stamp of the payroll department (or Employer) and signature

In: Dated:

OF THE AMOUNT OF TAX LIABILITY*

The applicant engages in business from According to the Income Tax Return of Natural Persons, pursuant to Act No. 595/2003, as amended

the taxpayer filed, for two taxable periods, the following tax liability information: For year:

Tax base: €, in words:

Tax: €, in words:

For year:

Tax base: €, in words:

Tax: €, in words:

We confirm that all the tax liabilities as of today are discharged / not discharged

Name and surname of the tax officer responsible for this confirmation:

Telephone:

Tax Office in:

Tax Office stamp and tax officer's signature

In: Date

* only relevant type of income to be filled in