



FINANČNA UPRAVA REPUBLIKE SLOVENIJE
**TAX RETURN FORM FOR ASSESSING PERSONAL INCOME TAX
 PREPAYMENT
 FOR EMPLOYMENT INCOME AND PENSION FOR RESIDENTS**

1. CODE NUMBER OF TAX RETURN STATUS

(To be completed only by a taxable person filing their tax return after the expiry of the prescribed period as a self-declaration or as a correction of a tax return before an assessment notice is issued.)

(1 filed after the deadline, 2 self-declaration, 3 correction prior to the issue of assessment notice)

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2. INFORMATION ABOUT RESIDENT TAXABLE PERSON

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>										
(name and surname)	(tax number)										

	(e-mail)
(data on residence: city, street, house number)	
	(phone number)
(postal code, post)	(phone number)

Country of residency: Republic of Slovenia Other:

(indicate appropriately)

The taxable person should appropriately indicate if:

- The taxable person is not insured according to Articles 15 and 20 of the ZZZVZZ (to be completed only if it concerns income for managing a business entity – income type 1109/1108 or income received for performed copyright work within the scope of an employment relationship – type of income 1109/1106)
- The taxable person is not included in the mandatory pension insurance system for full working or insured time and is not a retired person (to be completed only if it concerns income for managing a business entity – income type 1109/1108 or income received for performed copyright work within the scope of an employment relationship – type of income 1109/1106)
- With regard to the payment of contributions, the legislation of other EU Member Country shall apply (to be completed only if it concerns income for managing a business entity – income type 1109/1108 or income received for performed copyright work within the scope of an employment relationship – type of income 1109/1106)

3. TAX RETURN FORM FOR ASSESSING PERSONAL INCOME TAX PREPAYMENT FOR EMPLOYMENT INCOME AND PENSION FOR RESIDENTS (indicate appropriately):

- a) filed for tax year _____ (enter year)
- b) filed for the period from _____ to _____ in the year ____ (enter the month for which the return is submitted, or period for which the return is submitted)
- c) repeatedly lodged for the period from _____ to _____ due to:
 - changed amount of income from employment relationship or pension or
 - changed other conditions affecting the amount of prepaid income tax amount on income from employment relationship:
 - change connected with claiming a reduction for social security contributions,

- change connected with claiming a reduction of work-related costs,
- change connected with a claim for tax relief,
- other _____ (individual description).

4. INFORMATION ABOUT INCOME PAYER

	Reference number of the payer	1st payer	2nd payer	3rd payer
1.	Name and surname, name or company			
2.	Address or head office (city, street, house number, post)			
3.	Country			
4.	Tax or identification Number			
5.	Main employer	YES/NO	YES/NO	YES/NO
6.	Prepaid income tax is assessed even if it does not exceed EUR 20	YES	YES	YES

5. INFORMATION ABOUT INCOME FROM EMPLOYMENT RELATIONSHIP AND INFORMATION ABOUT PENSION

	Reference number of the payer from table under point 4 of the form	Information about income received from payer under ref. no. _____	Information about income received from payer under ref. no. _____	Information about income received from payer under ref. no. _____
1.	Date of receipt of Income			
2.	Payment for the month (mm.YYYY)			
3.	Payment for the period (from mm.YYYY to mm.YYYY)			
4.	Type of income			
5.				

	Income (in EUR)			
6.	Number of pensions paid in the year			
7.	Compulsory social security contributions (in EUR)			
8.	Travel and food expenses as per Article 45 of ZDoh-2 (in EUR)			
9.	Country where work was done			
10.	Country/international organisation, income payer			
11.	In accordance with the international convention on the avoidance of double taxation, I hereby claim:			
	a) foreign tax credit (in EUR)			
	b) exemption from the payment of income tax	YES	YES	YES
12.	Foreign tax credit under ZDoh-2 (in EUR)			
13.	Income shall be paid for:	a) a definite period: Until and including _____	a) a definite period Until and including _____	a) a definite period Until and including _____
		b) an indefinite period	b) an indefinite period	b) an indefinite period
14.	Day of payment in month (dd)			
15.	Fieldwork allowance			
16.	Reimbursement of business travel costs – daily allowances (in EUR)			
16.a	Reimbursement of business travel costs – transport (in EUR)			

16.b	Reimbursement of business travel costs – accommodation (in EUR)			
17.	Reimbursement of the costs of meals related to temporary posting to work abroad for a maximum of 30 or 90 days (in EUR)			
18.	Reimbursement of the costs of meals related to temporary posting to work abroad for over 30 or 90 days (in EUR)			
19.	Reimbursement of transport costs related to temporary posting to work abroad (in EUR)			
20.	Reimbursement of transport costs at the start and end of temporary posting to work abroad (in EUR)			
21.	Reimbursement of accommodation costs related to temporary posting to work abroad up to a maximum of 90 days (in EUR)			
22.	Posted for cross-border work in accordance with Article 45a of the ZDoh-2	YES	YES	YES
23.	Date of first posting for cross-border work	---'--- -	---'-----	---'--- -
24.	Consecutive number of the month for claiming special tax base in accordance with Article 45a of the ZDoh-2			

6. CLAIMING TAX RELIEF IN THE ASSESSMENT OF PERSONAL INCOME TAX PREPAYMENT FOR EMPLOYMENT INCOME AND PENSION (complete only if income is paid by the main employer)

I hereby claim the following relief (indicate appropriately):

- instead of increased general relief, I claim the basic general relief

- personal relief for taxable disabled person with 100% physical disability
- special relief for maintained family members

Information about maintained family members:

Ref. no.	Name and surname	Year of birth	Tax number	Degree of kinship*

*** Degree of kinship:**

A1 – Child up to the age of 18,

A2 – Child from 18 to 26 years of age continuing education at the secondary or tertiary level,

A3 – Child older than 26 years of age if enrolled in tertiary degree education until 26 years of age, i.e. for a maximum 6-year period from the date of enrolment in undergraduate studies and for a maximum of 4 years from the date of enrolment in post-graduate studies,

A4 – Child older than 18 years who is not included in the education system and who is able to work if they are registered at the employment office,

A5 – Child who needs special care and has the right to a child-care allowance in accordance with the Parental Protection and Family Benefit Act or the right to an allowance for assistance and home help in accordance with the Pension and Disability Insurance Act,

B – Child unable to work in accordance with the regulations on the social protection of mentally and physically disabled persons,

C – Spouse or cohabiting partner who is unemployed and is not engaged in any activity,

D – Parents or adoptive parents of the taxable person.

* * * * *

7. ATTACHMENTS

Attachments (list of documents or evidence attached to the tax return form by the taxable person):

- 1.
- 2.
- 3.

In _____, date _____

taxable person's signature