



TAX RETURN FORM FOR ASSESSING PERSONAL INCOME TAX PREPAYMENT FOR INCOME FROM EMPLOYMENT OR INCOME FROM OTHER CONTRACTUAL RELATIONSHIP FOR NON-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 NON-RESIDENT TAXABLE PERSON

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

Country of residency: _____

- The taxable person is not an insured person under Articles 15 and 20 of the ZZVZZ (to be completed only if it concerns income for managing a business entity (income type code 1109/1108) or income received for copyright work within the scope of an employment relationship (income type code 1109/1106) and for income based on another contractual relationship, except in the case of income from personal supplementary work (income type code 1230)).
- 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 code 1109) or income received for copyright work within the scope of an employment relationship (income type code 1109), except in the case of income from personal supplementary work (income type code 1230))
- With regard to the payment of contributions, the legislation of another EU Member Country shall apply (to be completed only if it concerns income for managing a business entity (income type code 1109) or income received for copyright work within the scope of an employment relationship (income type code 1109), except in the case of income from personal supplementary work (income type code 1230)).

3. INFORMATION ABOUT INCOME PAYER

	Reference number of the payer	1st payer	2nd payer	3rd payer
1.	Name and surname or company name			

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

4. INFORMATION ABOUT INCOME FROM EMPLOYMENT

	Reference number of the payer from Table 3	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.	Compulsory social security contributions (in EUR)			
7.	Country where work was done			
8.	Country/international organisation, income payer			
9.	*I hereby claim exemption from income tax payment in accordance with the international convention on the avoidance of double taxation	YES	YES	YES
10.	Income shall be paid for:	a definite period: until and including _____ b) an indefinite period	a) a definite period: until and including _____ b) an indefinite period	a) a definite period: until and including _____ b) an indefinite period
11.	Fieldwork allowance			
12.	Reimbursement of business travel costs – daily allowances (in EUR)			

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

5. INFORMATION ABOUT INCOME BASED ON OTHER CONTRACTUAL RELATIONSHIPS

	Reference number of the payer from Table 3	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.	Type of income			
4.	Income (in EUR)			
5.	I hereby claim actual transport and overnight accommodation costs in the amount of (EUR) (it is mandatory to complete Table 6)			
6.	Compulsory social security contributions (in EUR)			
	Paid voucher for personal supplementary work (in EUR)			
7.	Country/international organisation, income payer			
8.	*I hereby claim exemption from income tax payment in accordance with the international convention on the avoidance of double taxation	YES	YES	YES

*The statement below should be made only if the taxable person claims exemption of personal income tax payment under the ninth line in Table 4 or the eighth line in Table 5 of the international convention on the avoidance of double taxation of income:

In relation to claiming an exemption from personal income tax prepayment on income _____ (write type of income from Tables 4 and 5) based on the _____ paragraph of Article _____ of the international convention on the avoidance of double taxation concluded between the Republic of Slovenia and _____ I hereby confirm that:

- I was present in the country of work (Republic of Slovenia) during the subject period or periods for a period totalling less than 183 days and
- income is paid by an employer who is not a resident of the country of work (Slovenia) or is paid in their name, and
- income does not burden the permanent business unit or permanent base of the employer in the country of work (Slovenia).

6. BREAKDOWN OF ACTUAL TRANSPORT AND OVERNIGHT ACCOMMODATION COSTS UNDER THE FIFTH LINE IN TABLE 5

	Distribution of actual transport and overnight accommodation costs (description)	Amount (in EUR)
1.		
2.		
3.		

4.		
5.		

7. ATTACHMENTS

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

1. Please find attached hereto a certificate of residence issued by the competent body _____ on _____, which shows that I am a resident of _____ in terms of the provisions of the international convention on the avoidance of double taxation concluded between the Republic of Slovenia and _____.
- 2.
- 3.
- 4.
- 5.

In/at _____, date _____

Signature of the taxable person