##### PRILOGA 12

##### *ANNEX 12*

ZAHTEVEK ZA VRAČILO DAVKA OD DRUGIH DOHODKOV NA PODLAGI DOLOČB MEDNARODNE POGODBE O IZOGIBANJU DVOJNEGA OBDAVČEVANJA DOHODKA / *REQUEST FOR REFUND OF TAX ON OTHER INCOMES BASED ON PROVISIONS OF THE TREATY ON AVOIDANCE OF DOUBLE TAXATION OF INCOME*

**1.** Mednarodna pogodba o izogibanju dvojnega obdavčevanja dohodka med Republiko Slovenijo in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_odstavek \_\_\_\_\_\_ člen. / *Treaty on avoidance of double taxation of income between the Republic of Slovenia and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Paragraph \_\_\_\_\_\_ Article \_\_\_\_\_\_\_.*

**2. PODATKI O PREJEMNIKU DOHODKA / *DETAILS OF THE RECIPIENT OF INCOME***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ime in priimek / firma /  *Name and surname / Registered name* | | |  | |
| Fizična oseba / *Individual* | Podatki o prebivališču / *Domicile or residence* | | Telefon:  *Telephone:* | |
| Državljanstvo / *Citizenship* | |  | |
| Gospodarska družba ali druga oseba /  *Company or other entity* | Sedež / *Registered office* | | Telefon:  *Telephone:* | |
| Kraj dejanskega upravljanja / *Place of effective management* | | Telefon:  *Telephone:* | |
| Država rezidenstva prejemnika /  *Recipient’s country of residence* | | |  | Davčna številka:  *Tax identification number:* |
| Poslovna enota v Republiki Sloveniji / *Permanent establishment in the Republic of Slovenia*  Da / *Yes* Ne / *No*  (če da – izpolni /  *if yes - fill in)* | | Naziv / *Name* |  | |
| Sedež / kraj */*  *Registered office / location* | Telefon:  *Telephone:* | |
| Opis dejavnosti */ Description of business activities* |  | |

**3. PODATKI O PLAČNIKU DOHODKA */ DETAILS OF THE PAYER OF INCOME***

|  |  |  |
| --- | --- | --- |
| Naziv in pravno-organizacijska oblika /  *Name and legal/organisational form* | |  |
| Naslov / *Address* | | Telefon:  *Telephone:* |
| Davčna številka */*  *Tax identification number* | |  |
| Poslovna enota v Republiki Sloveniji / *Permanent establishment in the Republic of Slovenia*  Da / Yes Ne / No  (če da – izpolni /  *if yes - fill in)* | Naziv / *Name* | Opis dejavnosti:  *Description of business activities:* |
| Sedež / kraj / *Registered office / location* | Telefon:  *Telephone:* |
| Davčna številka / *Tax identification number* |  |

**4. PODATKI O DOHODKU, PREJETEM OD PLAČNIKA, ZA KATEREGA SE UPORABI POGODBA IZ 1. TOČKE / *DETAILS OF THE INCOME, RECEIVED FROM THE PAYER, TO WHICH THE TREATY MENTIONED IN ITEM 1 IS APPLICABLE***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vrsta dohodka */*  *Type of income* | Datum plačila */ Due date of payment* | Znesek dohodka/  *Amount of income* | Znesek odtegnjenega davka */ Amount of tax deducted* | Znesek davka po pogodbi /  *Amount of tax under the treaty* | Znesek zahtevanega vračila */ Amount of refund requested* |
|  |  |  |  |  |  |

**5. DRUGO / *OTHER***

|  |
| --- |
|  |

**6. Izjavljam / *I hereby declare:***

1. prejemnik dohodka je tudi upravičeni lastnik dohodka / *the* *recipient of income is also the beneficial owner of income;*
2. prejemnik dohodka je upravičen do koristi, določene v mednarodni pogodbi iz 1. točke / *the* *recipient of income is eligible for benefits, provided in the treaty mentioned in Item 1;*
3. da so podatki resnični, točni in popolni / *that the data are truthful, accurate and complete.*

V/Na/*In/At*…………....…….., dne/*Date*……………………. ............................................................................

(podpis zavezanca/-ke oziroma pooblaščenca/-ke) /

*(Signature of the taxpayer or authorised person)*

7. POTRDILO PRISTOJNEGA ORGANA DRŽAVE REZIDENTSTVA PREJEMNIKA DOHODKA */ CERTIFICATION OF THE COMPETENT AUTHORITIES OF THE INCOME RECIPIENT’S COUNTRY OF RESIDENCE*

Potrjujemo, da je bila oseba, navedena v 2. točki, v času prejema dohodka rezident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ v smislu \_\_\_\_odstavka \_\_\_\_\_člena mednarodne pogodbe o izogibanju dvojnega obdavčevanja dohodka med Republiko Slovenijo in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. / *We hereby certify that the person stated in Item 2 is at the time of receipt of income a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ within the meaning of Paragraph \_\_\_\_ Article \_\_\_\_\_ of the treaty on avoidance of double taxation of income between the Republic of Slovenia and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

V/Na / *In*/*At* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dne/*Date* \_\_\_\_\_\_\_\_\_\_\_\_ Žig /*Stam*p Podpis/*Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. PODATKI O POOBLAŠČENCU */ DETAILS OF THE AUTHORISED PERSON*

|  |  |
| --- | --- |
| Ime in priimek / *Name and surname* |  |
| Naslov */ Address* | Telefon:  *Telephone:* |

9. PODATKI O BANČNEM RAČUNU / *BANK ACCOUNT DATA*

Znesek vrnjenega davka nakažite na račun številka \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ki je odprt pri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / *Pay the amount of tax refund on the account no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, held at* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Priloge: / *Attachments:*

**(Izpolni davčni organ */***  *to be completed by the tax authorities*)

Pooblastilo / *Authorisation*

Na zahtevo davčnega organa je treba predložiti

tudi druga dokazila o upravičenosti do ugodnosti po

mednarodni pogodbi. /

*Upon request of the tax authorities also other*

*proofs of eligibility for benefits according to*

*the treaty shall be submitted.*