## PRILOGA 5

***ANNEX 5***

ZAHTEVEK ZA OPROSTITEV DAVKA OD DOHODKOV IZ ZAPOSLITVE (RAZEN POKOJNIN) NA PODLAGI DOLOČB MEDNARODNE POGODBE O IZOGIBANJU DVOJNEGA OBDAVČEVANJA DOHODKA / *REQUEST FOR EXEMPTION OF TAX ON INCOMES FROM EMPLOYMENT (WITH THE EXCEPTION OF PENSIONS) 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 / *Name and surname* | |  | |
| Fizična oseba / *Individual* | Podatki o prebivališču / *Domicile or residence* | Telefon: / *Telephone*: | |
| Državljanstvo / *Citizenship* |  | |
| Država rezidentstva prejemnika / *Recipient's country of residence* | |  | Davčna številka: /  *Tax identification number:* |

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

|  |  |  |
| --- | --- | --- |
| Firma in pravno-organizacijska oblika / *Registered name and legal/organisational form* | |  |
| Sedež / *Registered office* | | Telefon: / *Telephone:* |
| Država / *Country* | |  |
| 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* |  |
| Dohodek bremeni poslovno enoto /  *Income payable by the permanent establishment:*  Da/*Yes* Ne/*No* | |

**4. PODATKI O NAVZOČNOSTI IN ZAPOSLITVI PREJEMNIKA V REPUBLIKI SLOVENIJI / *DETAILS OF RECIPIENT'S PRESENCE AND EMPLOYMENT IN THE REPUBLIC OF SLOVENIA***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Datum prvega prihoda v Republiko Slovenijo / *Date of the first arrival in the Republic of Slovenia* | | |  | |
| Predvideni čas prebivanja v Republiki Sloveniji / *Planned time of residence in the Republic of Slovenia* | | |  | |
| Podatki o zaposlitvi v Republiki Sloveniji / *Details of employment in the Republic of Slovenia* | Oseba, za katero (pri kateri) se izvaja zaposlitev / *Person for whom (at whom) employment is performed* | Naziv / *Name* | |  |
| Sedež / kraj / *Registered office / location* | |  |
| Davčna številka / *Tax identification number* | |  |

**5. PODATKI O DOHODKU, PREJETEM OD IZPLAČEVALCA, 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* |
|  |  |  |

**6. DRUGO / *OTHER***

|  |
| --- |
|  |

**7. 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)*

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

Potrjujemo, da je oseba, navedena v 2. točki, 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 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/*Stamp* Podpis/*Signature* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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.*