##### PRILOGA 6

***ANNEX 6***

**ZAHTEVEK ZA OPROSTITEV DAVKA OD POKOJNIN NA PODLAGI DOLOČB**

**MEDNARODNE POGODBE O IZOGIBANJU DVOJNEGA OBDAVČEVANJA DOHODKA / *REQUEST FOR EXEMPTION OF TAX ON 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 PLAČNIKU DOHODKA / *DETAILS OF THE PAYER OF INCOME***

|  |  |
| --- | --- |
| Firma in pravno-organizacijska oblika / *Registered name and legal/ organisational form* |  |
| Sedež / *Registered office* | 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 pokojnine / *Type of pension* | Pogostnost izplačevanja/ *Frequency of payment* | Datum izplačil / *Due date of payments* | Način plačila / *Method of payment* | Znesek vsakega plačila / *Amount of each payment* |
|  |  |  |  |  |
| Podatki iz pogodbe, na podlagi katere se izplačujejo rente (vrsta, datum in ročnost pogodbe, znesek iz pogodbe) / *Details of the contract, on the basis of which annuities are paid (type, date and maturity of the contract, amount from the contract).* |  |

**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 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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. 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.*