

## Write-off, partial write-off, deferral or monthly instalment payment of tax liabilities for natural persons

Please read the instructions before completing the form. Please complete in capital letters,  
 If the application is filed by another person on behalf of the taxable person, it shall be accompanied by a letter of representation.  
 The application shall not stay tax enforcement.

### Taxable person

Full name:																							
Address:																							
Tax identification number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						
Telephone No:		Email address:																					

### Family members *(the basic criterion is maintenance obligation – for more details see instructions)*

Full name:	Year of birth	Tax identification number:	Family relationship (spouse, cohabitant, child, mother, farm household member, etc.)																				
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### Claim

I hereby request the tax authority to grant the application for the following tax liabilities:

- write-off or partial write-off  
 deferral for the period of \_\_\_\_ months (not more than 24)  
 payment in \_\_\_\_ monthly instalments (not more than 24)

If the above request is not granted, I alternatively *(optionally)* request the following:

- deferral for the period of \_\_\_\_ months (not more than 24)  
 payment in \_\_\_\_ monthly instalments (not more than 24)

Tax type	Tax amount	Decision, tax return or other document imposing the tax liability

These are the liabilities of a struck-off company with tax identification No \_\_\_\_\_, for which I am liable as a natural person.

### Information on the financial situation of the taxable person and his or her family members

In the last 6 months before the filing of the application, the taxable person or his or her family member

- received social assistance benefits in cash;
- paid maintenance;
- paid institutional care services for a person other than a family member (e.g. care in a home for the elderly);
- received salary abroad;
- has an open transaction, savings or other bank account abroad;
- as demonstrated by the proof enclosed.

The taxable person or his or her family member is the owner/co-owner of *(to be completed only in the case of a request for write-off)*:

- property not shown in official records (real property not entered in the land register, real property situated abroad, vehicle/vessel registered abroad, valuables, collectors' items, antiques and jewelry worth at least five minimum wages, etc.).

Indication of the owner, type of property and value:

\_\_\_\_\_

### Exceptional circumstances

I hereby ask that my request be considered favorable due to

- my health condition or the health condition of my family members,
- a natural disaster,
- other extraordinary circumstances,
- as demonstrated by the proof enclosed.

**Additional explanations**

**Attachments:**

- enrolment certificate
- contract of lifelong maintenance, contract of subsistence, contract of delivery or other legal transaction evidencing the taxable person's obligation to provide subsistence to another person
- proof of awarding the child to the custody of both parents or one of the parents
- decision on allocating social assistance benefits in cash
- proof maintenance payment
- proof of payment for institutional care services
- proof of salaries received abroad
- proof of transaction on a bank account abroad
- proof of exceptional circumstances (prolonged illness, injury, natural disaster, etc.)
- power of attorney
- other \_\_\_\_\_
- no attachments

WRITE-OFF/DEFERRAL/INSTALMENTS – NP

**I hereby declare:**

- that the payment of my tax liability would jeopardize my livelihood and the livelihood of my family members,
- that I consent to the tax authority's obtaining information on my income, savings and financial standing and that of my family members from my own records and the records of other authorities,
- that all information contained in this application are true, accurate and complete.

Place and date	Signature
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