**Information regarding the submission of a social security contributions return on the basis of voluntary disclosure or in a tax inspection procedure**

(*Please read the instructions before completing the form*)

|  |  |
| --- | --- |
| Taxable person  |       |
| Tax number |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |   |   |

 |
| Return period |       |
| Type of return:(*tick one of the two options*) | [ ]  Social security contributions return – self-employed person[ ]  Social security contributions return – partner  |
| Reason for submission(*tick one of the two options*) | [ ]  Return pursuant to Article 55 ZDavP-2 (voluntary disclosure)[ ]  Return pursuant to Article 140a ZDavP-2 in a tax inspection procedure, case No.      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Payment date  |       |

*Note: The liability must be paid in full at the same time as the submission of the social security contributions return on the basis of voluntary disclosure or pursuant to Article 140a ZDavP‑2.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **Item No** | **Type of liability** | **Underpayment amount (EUR)** | **Date from which interest accrues** | **Amount of accrued interest (EUR)** | **Total****(2+4)** |
| 1. | Insured person’s pension and disability insurance contribution |       |       |       |       |
| 2. | Employer’s pension and disability insurance contribution |       |       |       |       |
| 3. | Contribution for the insurance period with augmented retirement benefits |       |       |       |       |
|  | Total pension and disability insurance contributions |       |       |       |       |
| 4. | Insured person’s sickness and non-occupational injury contribution |       |       |       |       |
| 5. | Employer’s sickness and non-occupational injury contribution |       |       |       |       |
| 6. | Occupational injury and occupational illness contribution |       |       |       |       |
|  | Total health insurance contributions |       |       |       |       |
| 7. | Insured person’s parental care contribution |       |       |       |       |
| 8. | Employer’s parental care contribution |       |       |       |       |
|  | Total parental care contributions |       |       |       |       |
| 9. | Insured person’s unemployment insurance contribution |       |       |       |       |
| 10. | Employer’s unemployment insurance contribution |       |       |       |       |
|  | Total unemployment insurance contributions |       |       |       |       |

|  |  |
| --- | --- |
|      *Place and date* | *Signature* |