**Information regarding the submission of a withholding tax return (REK form) and contributions return (PNiPD) 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*) | [ ]  Withholding tax return (REK form)[ ]  Contributions return for employers who are not taxpayers  |
| 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 charged interest****(EUR)** | **Total(2+4)****(EUR)** |
| 1. | Income tax prepayment |       |       |       | **!Syntax Error, ;** |
| 2. | Employee’s health insurance contribution |       |       |       | **!Syntax Error, ;** |
| 3. | Employee’s pension and disability insurance contribution |       |       |       | **!Syntax Error, ;** |
| 4. | Employee’s unemployment insurance contribution |       |       |       | **!Syntax Error, ;** |
| 5. | Employee’s parental care contribution |       |       |       | **!Syntax Error, ;** |
| 6. | Employer’s health insurance contribution |       |       |       | **!Syntax Error, ;** |
| 7. | Employer’s pension and disability insurance contribution |       |       |       | **!Syntax Error, ;** |
| 8. | Employer’s unemployment insurance contribution |       |       |       | **!Syntax Error, ;** |
| 9. | Employer’s parental care contribution |       |       |       | **!Syntax Error, ;** |
| 10. | Occupational injury and occupational illness contribution |       |       |       | **!Syntax Error, ;** |
| 11. | Contribution for the insurance period with augmented retirement benefits |       |       |       | **!Syntax Error, ;** |

*\*Additional duties fields to be completed with regard to the type of income for which voluntary disclosure is submitted.*

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