

CONFIDENTIAL TAX INFORMATION

(Applicant)

(Address)

(Postal code)

(Tax identification number)

(Telephone number)

TO BE COMPLETED BY THE FINANCE OFFICE
Received on: ____ . ____ .20 ____
Reference number: _____

(Date)

REPUBLIC OF SLOVENIA
Ministry of Finance
Financial Administration of the Republic of
Slovenia

(Enter the relevant finance office)

**APPLICATION FOR A TAX CLEARANCE CERTIFICATE FOR THE LIABILITIES
SHOWN IN ACCOUNTING AND OTHER RECORDS**

- APPLICATION FOR A GENERAL CERTIFICATE pursuant to Article 179 of the General Administrative Procedure Act (the ZUP)**
(Confirmation that the taxable person has no outstanding tax liabilities recorded)

Signature of the applicant's statutory/authorised representative

Enclosures:

- _____

- _____

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