

INFORMATION ON TAXABLE PERSON:

(Full name of the taxable person- **non-resident**)

(Address: place, street, house number)

_____ postcode
and place)

(country)

Tax ID no

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REQUEST

for tax base reduction for employment income (from other contractual relationships) for the purpose of claiming reimbursement of actual expenses

1. INFORMATION ABOUT TAX CONTRIBUTOR

Name and surname or firm of tax contributor	Address or registered office of tax contributor (place, street, house number, post code)	Tax ID no

2. INFORMATION ABOUT INCOME RECEIVED FROM OTHER CONTRACTUAL RELATIONSHIPS

Date of payment	Income (EUR)	Withholding tax (EUR)

3. INFORMATION ABOUT ACTUAL COSTS OF ACTIVITIES AND SERVICES

Breakdown of actual costs of transport and accommodation	Amount (EUR)
Costs of transport	
Costs of accommodation	

4. INFORMATION ABOUT TRANSACTION (PERSONAL) ACCOUNT

Please return the overpaid withholding tax amount by crediting my transaction (personal) account no.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Attachments (list of accounts attached to the taxable person's request):

- 1.
- 2.
- 3.
- 4.
- 5.

In/at _____, date _____
(signature of taxable person)

INSTRUCTIONS FOR FILLING OUT THE REQUEST FORM FOR TAX BASE REDUCTION FOR EMPLOYMENT INCOME (FROM OTHER CONTRACTUAL RELATIONSHIPS) FOR THE PURPOSE OF CLAIMING REIMBURSEMENT OF ACTUAL EXPENSES

A request for reimbursement of actual expenses in assessing the tax base for employment income (from other contractual relationships) should be submitted by a **non-resident** for whom the person liable to pay tax has calculated, deducted and paid the withholding tax from other contractual relationship pursuant to the fourth paragraph of Article 41 and the ninth paragraph of Article 127 of the Personal Income Tax Act - [ZDoh-2](#). In addition to normalised expenses, a nonresident may also request reimbursement of actual transport and accommodation expenses. A request should be filed with the competent tax **authority within fifteen days from the date of income payment**.

ENTERING THE INFORMATION ABOUT THE PERSON LIABLE TO PAY TAX (1)

The taxable person should provide the information about the disbursement agency (name and surname or company name, address or registered office and tax identification number of the disbursement agency).

ENTERING INFORMATION ABOUT INCOME RECEIVED FROM OTHER CONTRACTUAL RELATIONSHIPS (2)

The taxable person should indicate the **date of receipt of income** in the format **dd/mm/yyyy**.

In the column **"income (in EUR)"** the taxable person should enter the amount of income received in EUR, rounded off to two decimal places.

The taxable person should enter tax amount deducted by the person liable to pay tax from the employment income from other contractual relationships in the column **"withholding tax (in EUR)"**.

INFORMATION ABOUT ACTUAL COSTS INCURRED IN THE PERFORMANCE OF ACTIVITIES AND SERVICES (3)

The amount of actual transport and accommodation costs evidenced by enclosed invoices should be entered.

INFORMATION ABOUT THE TRANSACTION (PERSONAL) ACCOUNT NUMBER (4)

The taxable person should indicate the number of his transaction (personal) account to which the withholding tax amount is to be transferred.