

## STATEMENT ON USE OF INCOME TAX EXEMPTION

## 1. MY DETAILS AS AN APPLICANT:

First name	
Surname	
Personal identification code	
E-mail address	
Contact phone number:	
Postal address	(street) (city/town)(county) (index)

## 2. DETAILS OF THE LEGAL REPRESENTATIVE:

First name	
Surname	
Personal identification code	
E-mail address	
Contact phone number:	
Postal address	(street) (city/town) (county) (index)

## 3. USING MY TAX-FREE INCOME:

<b>Only fill in if YOU ARE of retirement pension age, or YOU WILL reach the retirement pension age during the calendar year!</b>	
If you are of old-age pension age and/or you reach old-age pension age during the calendar year of granting pension, the Social Insurance Board is obliged to automatically deduct tax-free income from your pension in the calendar month at the rate of an average old-age pension (2024: 776 euros).	
<input type="checkbox"/>	I would like to use the income tax exemption surplus for other benefits paid by the Social Insurance Board from the month of 20

<b>Only fill in if YOU ARE NOT of retirement pension age, or YOU WILL NOT reach the retirement pension age during the calendar year!</b>	
If you are not of retirement pension age and/or you will not reach the retirement pension age within a calendar year, you have the right to decide in which amount the Social Insurance Board withholds the income tax-free amount from the benefits paid to you.	
<b>For the allowances paid to me by the Social Insurance Board and subject to income tax:</b>	
<input type="checkbox"/>	calculated tax-free income in the amount of € (tax-free income rate is up to €654 per calendar month) from the month of 20
<input type="checkbox"/>	do not calculate tax-free income

## 4. DATE AND SIGNATURE OF SUBMISSION OF APPLICATION:

. 20	My signature, i.e., the signature of the applicant:	
	Signature of legal representative:	
<input type="checkbox"/>	The applicant or the applicant's legal representative has signed the application digitally	