

See instruction before filling, please.

Tax Office in, at, for

Local branch in, for

01 Tax identification number

02 Tax return

Corrective

03 Classification code for
type of tax return/Date

Seal

04 A tax return submitted by an advisor on the base of a power of attorney for representation

Yes

No

INCOME

Tax return by individuals, who have income from employment from sources in the Czech Republic (including tax non-residents of the Czech Republic)

pursuant to the Act No. 586/1992 Coll., on Income Taxes, as amended (hereinafter "Act")

for the taxable period (calendar year) or its part from to

PART I – Information about a taxpayer

05 Surname

06 Family name*)

07 First name(s)

08 Title*)

Address of the place of residence at the day of filling of the tax return

09 Municipality

10 Street / part of Municipality

11 Building number / identification

12 Zipcode

13 Telephone / mobile number*)

14 E-mail*)

15 State

Address of the place of residence at the last day of calendar year, for which tax is being ascertained

16 Municipality

17 Street / part of Municipality

18 Building number / identification

19 Zipcode

20 Country Code - only Czech tax non-resident filling

21 Total worldwide income

CZK

*) Marked data are not obligatory

I DECLARE, THAT THE INFORMATION STATED BY ME IN THIS TAX RETURN IS TRUE AND COMPLETE AND I UNDERSIGN IT

Information about the signer:

Code of the signer

First name(s) and surname / name of the legal entity

Date of Birth / registration number of the tax consultant / ID of the legal entity

Individual authorized to signature (if the representative is legal entity),
with mention concerning a relationship to the legal entity (i.e. partner, agent, authorized employee)

Name(s) and surname / relationship to the legal entity

Taxpayer / person authorized to signature:

Date

Seal

Autograph signature
of the taxpayer / person authorized to signature

REQUEST FOR REFUND OF THE OVERPAYMENT OF PERSONAL INCOME TAX

Pursuant to Section 154 and 155b of the Act No. 280/2009 Coll., on Administration of taxes as amended, I request a refund:

The overpayment of personal income tax CZK.

The overpayment send on address

The overpayment refund on the bank account maintained by Account number Bank code

Specific symbol Account owner Account's currency

In on the day Signature of the taxpayer (signer)

PART II – Personal income tax base from dependent activity (section 6 of the Act)

22 Total of income from all employers		23 (unfilled)	
24 Tax base from depend activity pursuant to (row 22)			

PART III – Non-taxable parts of the tax base

25 § 15 subsection 1 of the Act (value of gratuitous transaction–donation/ donations)		28 § 15a subsection 1 letter d) of the Act (private life insurance)	
26 § 15 subsection 3 and 4 of the Act (deduction of interests) number of months/amount		29 § 15a subsection 1 letter e) of the Act (long-term investment product)	
27 § 15a subsection 1 letter a), b) and c) of the Act (supplementary pension insurance scheme, additional pension savings and pension insurance scheme)		30 § 15c of the Act (long-term care insurance scheme)	
31 Total amount of non-taxable parts of the tax base (row 25 + row 26 + row 27 + row 28 + row 29 + row 30)			
32 Tax base reduced by non-taxable parts of the tax base and items deductibles from tax base (row 24 – row 31) rounded down to whole hundreds of Czech crowns			

PART IV – Tax

33 Tax pursuant to the section 16 of the Act		34 Tax rounded up to whole Czech crowns	
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PART V – Claiming of tax relief and tax credit

35 Tax relief for suspended enforcement pursuant to § 35 subsection 4 of the Act	
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Table no. 1 Information about spouse

Surname, name, title		Personal identification number	
Amount pursuant to Section 35ba subsection 1 of the Act	Number of months		Number of months
36 letter a) of the Act (to taxpayer)		40 letter d) of the Act (full disability)	
37 letter b) of the Act (to spouse)		41 letter e) of the Act (to holder of a card of severely disability)	
38 letter b) of the Act (to spouse, that is a holder of a card of severely disability)		42 (unfilled)	
39 letter c) of the Act (partial disability)		43 (unfilled)	
44 Total amount of tax reliefs (row 35 + row 36 + row 37 + row 38 + row 39 + row 40 + row 41)			
45 Tax after claiming of tax relief pursuant to section 35ba of the Act (row 34 – row 44)			

Table No. 2 Information about children living in the household

	Surname and first name	Personal identification number	Number of months for one first child		Number of months for the second child		Number of months for the third and other child	
			without card of severely disability	with card of severely disability	without card of severely disability	with card of severely disability	without card of severely disability	with card of severely disability
	1	2	3		4		5	
1								
2								
3								
4								
	Total							

46 Tax credit for every child		49 Tax bonus (row 46 – row 47)	
47 Tax relief (amount from row 46 claimed up to the amount of the tax on row 45)		50 Total of monthly tax bonuses pursuant to § 35d of the Act (including relevant additional charge to tax bonus)	
48 Tax after claimed relief pursuant to § 35c of the Act (row 45 – row 47)		51 Difference on tax bonus (row 49 – row 50)	

Part VI – Payment of the tax

52 Total of withheld advances to tax from dependent activity and office-holder's emoluments (after tax reliefs)	
53 The tax withheld pursuant to the section 36 subsection 6 of the Act	54 The tax withheld pursuant to the section 36 subsection 7 of the Act
55 The rest to pay (row 48 – row 51 – row 52 – row 53 – row 54): (+) underpayment (–) overpayment	

Attachments of a tax return (in column in number of attached sheets):

Confirmation of taxable income from a dependent activity and of withheld tax from advances to tax and tax credit in the relevant period of taxation and Confirmation of paid incomes and deducted tax of the Act from all employers pursuant to § 38j subsection 3 of the Act	
Confirmation of an amount of incomes from foreign tax authority	
Proof of provided gratuitous transaction (donation)	
Confirmation of provided bank credit for housing needs and of the amount of paid interests from this bank credit	
Confirmation of paid contributions to pension insurance, pension supplementary insurance, additional pension savings and private life insurance	
Confirmation of assets credited to a long-term investment product	
Confirmation of premium paid for long-term care insurance	
Decision on suspending the enforcement	
Employer's Confirmation of the second taxpayer for claim application on tax allowance	
Other attachments not mentioned above	
Total number of sheets of attachments	