Grant Thornton

Declaration form for wage deductions

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1 Your personal data

Name en initial(s)

Street

Zip code and Address

Country and region (if not in the Netherlands)

Date of birth   BSN/social security number(Dutch)

Effective date (date of commencement of this declaration form)

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2 Use of wage tax deduction

*Please fill in the scheme below. Or mark the checkbox on the right if you desire not to fill in this form and go to point **3***

☐ You desire that this employer should not execute the wage tax deduction

The wage tax deduction can only be executed by one employer ore benefit at the same time
Please walk through the scheme and decide if the employer from who you received this form should execute the wage tax deduction

| *Do you have another employer beside the employer from who you received this form? or a benefit?* | **> Yes** | *Does the other employer or benefit execute the wage tax deduction?* | **> Yes** | ☐ The employer from who you received this form should not execute *the wage tax deduction* |

∨   ∨
No   **No**

☑ *Please mark:*
The employer from who you received this form should execute the wage tax deduction

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3 Signature

Please hand over this form to your employer after undersigning

Date   Signature

Section for employer

To be filled in by your employer

Employer

Wage tax number

☐ **Code 1 execute wage tax deduction**

☐ **Code 0 wage tax deduction not to be executed**