



STATEMENT OF INCOME

TO BE COMPLETED BY THE EMPLOYER

EMPLOYEE'S DETAILS AND EMPLOYMENT INFORMATION

First name: Last name: Date of birth: - -

Employer's name and address (company stamp):

Employed from: - - Currently occupied position: Date of last salary increase: - - Tax-deductible expenses: ☐ standard ☐ increasedEmployment in the public sector: ☐ yes ☐ noEmployment in uniformed services: ☐ yes ☐ noShares in the company: ☐ none ☐ below 20% ☐ 20%-50% ☐ over 50% ☐ not applicable

Form of contract:

Employment contract for: ☐ indefinite term ☐ definite term until: - - ☐ trial period until: - - Nomination / appointment for: ☐ indefinite term ☐ definite term until: - - Current gross base salary:

GROSS INCOME EARNED BY THE EMPLOYEE IN THE LAST 12 MONTHS

Month / Year	Base salary	Regular variable compensation ¹	Irregular variable compensation ²	Total compensation

¹ Regular variable compensation is understood as variable compensation components, such as bonuses, obtained not less frequently than every 3 months.² Irregular variable compensation is understood as variable compensation components, such as bonuses, obtained less frequently than every 3 months.

REQUIRED INFORMATION	NO	YES	IF SO, IN WHICH AMOUNT AND UNTIL WHICH DATE
Has the contract been terminated?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Employer in bankruptcy / liquidation / restructuring proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any deductions from the compensation for the Company Employee Benefit Fund (ZFSS)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any deductions from the compensation for enforcement seizures?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a premium towards a Employee Capital Plan?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any other deductions from the compensation?	<input type="checkbox"/>	<input type="checkbox"/>	

CONFIRMATION BY THE EMPLOYER

It is hereby confirmed that the above data are true and correct.

Date: - Town/city: Employer's telephone number:

Signature and stamp of the chief accountant or person authorized to confirm the above data