

## Income Confirmation

- loan applicant
  loan co-applicant
  a solidary co-borrower

### Employer Information

**Name of Employer:** 
**Company Registration No.:**

**Street and No.:** 
**Town/City:**

**Employer's Telephone No.:** 
**Zip Code:**

### Employee Information

**Title:** 
**Name:** 
**Surname:**

**Personal No./Date of Birth:** 
**Position:** 
**Employee's Telephone No.:**

#### Employee is:

- employed for a definite period
  employed for an indefinite period
  in trial period
  in notice period
- from  day/month/year to  day/month/year

#### Marital status:

- single
  married
  divorced
  widower/widow

**Number of Dependent Children:** 
**Number of FamilyMembers:**

### Employee's Income Information

**Basic Monthly Salary:**  EUR
 **Bonuses and Rewards:**  EUR
 **Frequency of Bonus and Reward payment:**

#### Net Monthly Income for the Past 6 Months:

month	net income	gross income	month	net income	gross income
<input type="text"/>	<input type="text"/> EUR	<input type="text"/> EUR	<input type="text"/>	<input type="text"/> EUR	<input type="text"/> EUR
<input type="text"/>	<input type="text"/> EUR	<input type="text"/> EUR	<input type="text"/>	<input type="text"/> EUR	<input type="text"/> EUR
<input type="text"/>	<input type="text"/> EUR	<input type="text"/> EUR	<input type="text"/>	<input type="text"/> EUR	<input type="text"/> EUR

**Net annual income for the past 12 months:**  EUR

**Total gross income for preceding calendar year from the above employer:**  EUR

**If the applicant is employed for less than 12 months, his/her confirmed net income is for the period:** from  to

**The wage is:**  sent to account No.:   paid in cash

**Meal Allowance is:**  paid to the account No.:   paid in cash

**Salary Deductions:** based on court order  EUR other   
 loan repayment  EUR  
 alimony  EUR

**The employer confirms that the above data are fair and true, and that it has not been in the process of negotiating employment termination with the employee.**

Name of Responsible Employee:		Telephone No. of HR/Payroll Department:		E-mail contact of HR/Payroll Department:	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
In	<input type="text"/>	on	<input type="text"/>	Signature of Responsible Employee	Seal of Employer
Hereby, I grant my consent to disclosing data indicated on this Certificate of Employment Income to my employer for purposes of their verification for correctness and I agree that the outcomes of the verification be provided to VUB, a.s. for purposes of assessment my loan application.					
In	<input type="text"/>	date	<input type="text"/>	Employee's signature	

## Tax Liability Confirmation

- loan applicant
  loan co-applicant
  a solidary co-borrower

### Employer Information

**Title:**  **Name:**  **Surname:**   
**Permanent Address:**  **Mesto:**   
**Zip Code:**   
**Personal No./Date of Birth:**  **Company Registration No.:**  **In Business Since:**   
**Marital Status:**  
 single
  married
  divorced
  widower/widow  
**Number of Children in Custody:**  **Number of FamilyMembers:**

### Taxpayer's Income Information

The taxpayer's income tax return of individuals in compliance with Act No. 595/2003 Coll. as amended for the past two taxation period:

**Year:**   
**Tax Base: \***  EUR **to wit:**   
**Tax: \*\***  EUR **to wit:**   
**Total income/revenues: \*\*\***  EUR **to wit:**   
**Year:**   
**Tax Base: \***  EUR **to wit:**   
**Tax: \*\***  EUR **to wit:**   
**Total income/revenues: \*\*\***  EUR **to wit:**

<b>We hereby confirm that all tax liabilities as that today</b> <input type="checkbox"/> have been <input type="checkbox"/> have not been settled		
<b>We confirm that the taxpayer has filed</b> <input type="checkbox"/> the tax return <input type="checkbox"/> the amended tax return		
Name of Responsible Employee: <input type="text"/>		
Telephone No.: <input type="text"/>		
In		on
	Signature of Responsible Employee	Seal of Tax Authority
Týmto udeľujem súhlas so sprístupnením údajov uvedených v tomto Potvrdení o výške daňovej povinnosti príslušnému daňovému úradu na účel overenia ich správnosti a aby príslušný daňový úrad SR poskytol výsledok overenia ich správnosti VÚB, a.s., na účel posúdenia mojej úverovej žiadosti.		
In		date
		Taxpayer Signature

\* total income tax basis (in the Income Tax Return Form (hereinafter referred to as the ITRF) ITRF type A – row 36; ITRF type B – row 72)  
 \*\* total tax liability (in the ITRF type A – row 58; in the ITRF type B – row 107)  
 \*\*\* total income (in the ITRF type A – row 32; in the ITRF type B – rows 37)