

company stamp

INCOME STATEMENT

(due to employment)

in (month)*.....

Mr.

Mrs./.....

/first name and last/ residing

at.....

/address/

is employed.....

/company address/

pursuant to an employment

contract.....

/ enter the period for which it was concluded /

income obtained in the amount of:

1. income PLN
2. health insurance contributions PLN
3. social insurance contributions PLN
4. advance income tax PLN

NET INCOME / 1-2-3-4 / PLN

1. one-off income earned in the past 12 months ** PLN
2. income for the period *** from to PLN
3. amount of alimony provided to other persons PLN

.....
(stamp and signature of the
employer)

* Applies to the actually paid benefit,

** One-off income is income that is not a periodic benefit / for example: award for professional achievements

*** Income due for a given period is income that is not a periodic benefit but is due for a given period / for example: "the 13th salary"

company stamp

INCOME STATEMENT

(agency contract, specific task contract, mandate contract)

in the month..... *

Mr.

Mrs./.....

/first name and last/ residing

at.....

/address/

pursuant to the contract

.....

.....

/ enter the relevant contract and the period for which it was

concluded / obtained (a) income in the amount of:

1. income PLN
2. health insurance contributions PLN
3. social insurance contributions PLN
4. advance income tax PLN

NET INCOME / 1-2-3-4 / PLN

1. one-off income earned in the past 12 months PLN
2. income for the period from to PLN
3. amount of alimony provided to other persons PLN

.....
(stamp and signature of the
employer)

* *applies to the actually paid benefit*

** One-off income is income that is not a periodic benefit / for example: award for professional achievements

**** *Income due for a given period is income that is not a periodic benefit but is due for a given period / for example: "the 13th salary"*

**INCOME DECLARATION
(due to employment)**

in

/month*/

I'm employed at

/company address/

for.....fromto.....

and I obtained:

1. income PLN
2. health insurance contributions PLN
3. social insurance contributions PLN
4. advance income tax PLN

INCOME / revenue less PLN

contributions and advance payment referred to in points 2.3 and 4 /

1. one-off income earned in the past 12 months *** PLN
2. income for the period****from.....to
.....PL
N
3. amount of alimony provided to other persons PLN

I am aware of criminal liability for submitting a false statement**

.....

date, signature and stamp of the
person accepting the
declaration

.....

date and signature of the declarant

** applies to the actually paid benefit*

***art. 233 § 1 of the Penal Code (Journal of Laws of 2020 item 1444, as amended).*

**** One-off income is income that is not a periodic benefit / for example: award for professional achievements*

***** Income due for a given period is income that is not a periodic benefit but is due for a given period / for example: settlement*

.....
/first name and last name/

Krakow, on.....

.....
/address/

INCOME DECLARATION

(agency contract, specific task contract, mandate contract)

in.....

/month*/

I work under a contract concluded on

/ type of contract / / name of the party to the contract /

and I obtained:

1. income PLN
2. health insurance contributions PLN
3. social insurance contributions PLN
4. advance income tax PLN

1. one-off income earned in the past 12 months *** PLN
2. income for the period**** from to PLN
3. amount of alimony provided to other persons PLN

INCOME / revenue less

contributions and advance payment referred to in points 2, 3 and 4/

..... PL
N

I am aware of criminal liability for submitting a false statement**

.....
date, signature and stamp of the
person accepting the
declaration

.....
date and signature of the declarant

** applies to the actually paid benefit*

***art. 233 § 1 of the Penal Code (Journal of Laws of 2020 item 1444, as amended)*

**** One-off income is income that is not a periodic benefit / for example: award for professional achievements*

***** Income due for a given period is income that is not a periodic benefit but is due for a given period / for example: pension settlement*

.....
/address/

**Party declaration of the amount of one-off income / the amount of one-off
income due for a given period;**

In the past 12 months, I have not obtained * one-off income or income due for a given
period due to:

1.
In the amount of....., date of obtaining.....(for the period of
from.....to.....)
2.
In the amount of....., date of obtaining.....(for the period of
from.....to.....)
3.
In the amount of....., date of obtaining.....(for the period of
from.....to.....)
4.
In the amount of....., date of obtaining.....(for the period of
from.....to.....)

I enclose the following documents:

1.
2.
3.
4.

I am aware of criminal liability for submitting a false statement**

.....
date, signature and stamp of the
person accepting the
declaration

.....
date and signature of the declarant

* select the correct one

**art. 233 § 1 of the Penal Code (Journal of Laws of 2020 item 1444, as amended).

.....
/first name and last name/

Krakow, on.....

.....
/address/

Income Declaration

in.....

/year/

I run a taxable business on the terms set out in the provisions on income tax from natural persons.

Income from non-agricultural business activity taxed on the terms specified in the provisions on personal income tax in

in the amount of: including:

- 1 revenue amount:
- 2 amount of tax deductible costs
- 3 amount of the difference between the income and the costs of obtaining it:
- 4 amount of income from sources other than non-agricultural economic activity:
- 5 amount of social security contributions deducted from income:
- 6 amount of tax due:
- 7 amount of tax deducted health insurance contributions related to non-agricultural business activity:

I am aware of criminal liability for submitting a false statement*

.....
date, signature and stamp of the
person accepting the
declaration

.....
date and signature of the declarant

**art. 233 § 1 of the Penal Code (Journal of Laws of 2020 item 1444, as amended).*

.....
/first name and last name/

Krakow, on.....

.....
/address/

**Declaration on the amount of income from non-agricultural business activity
(conducted in accordance with the principles set out in the provisions on flat-
rate income tax on certain revenues obtained by natural persons)**

W.....

/month and year/

I run a business on the terms set out in the provisions on
flat-rate income tax on certain revenues obtained by natural persons.

The activity is taxed in the form of

/ provide the correct form of taxation /

Income from non-agricultural business activity taxed on the principles set out in the
provisions on flat-rate income tax on certain revenues earned by natural persons in
..... .. amounted to

/month and year/

I am aware of criminal liability for submitting a false statement*

.....
date, signature and stamp of the
person accepting the
declaration

.....
date and signature of the declarant

*art. 233 § 1 of the Penal Code (*Journal of Laws of 2020 item 1444, as amended*)

Information clause regarding the processing of personal data by the
Municipal Social Welfare Centre in Krakow.

Municipal Social Welfare Centre with its seat at Józefińska 14, 30-529 Krakow, as the administrator of your personal data, pursuant to art. 13 of Regulation 2016/679 of the European Parliament and of the Council (EU) of 27/04/2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (general regulation on the protection of data), hereinafter referred to as the GDPR, informs that:

1. Your personal data will be processed in order to issue a decision confirming the right to healthcare services financed from public funds, pursuant to art. 6 par. 1 letter c, section 3, art. 9 section 2 letter b of the GDPR, Article 54 of the Act of 27 August 2004 on healthcare services financed from public funds.
2. Your personal data may be made available to the following categories of data recipients (within the meaning of Article 4 (9) of the GDPR): entities providing the service and entities designated for receiving the service, entities providing technical aid for software used to process personal data, entities dealing with the destruction of archival documentation.
3. Your personal data will be kept for the period of: 10 years from the termination of using the aid, counting from 1 January of the year following the year in which the aid was ceased, or for a period of 5 years in the case of cash benefits, provision of specialist services, payment of contributions for old-age and disability pension insurance, granting in kind assistance, directing to support centres, specialist counselling or social work (if the documentation regarding the benefits are stored collectively in the files of the recipient, the storage period is 10 years), subject to point 4.
4. If your documentation is qualified by the decision of the Director of the National Archives in Krakow to the archival category "A", your personal data will be stored by the Municipal Social Welfare Center for 25 years, calculated analogously to point 3, and then transferred to National Archives.
5. As regards the processing of your personal data, you have the right to lodge a complaint with the Office for Personal Data Protection with its seat at Stawki, 00-193 Warsaw.
6. You have the right to request from the Municipal Social Welfare Centre in Krakow:
 - 1) access to your personal data (on the terms set out in Article 15 of the GDPR);
 - 2) rectify your personal data (on the terms set out in Article 16 of the GDPR).
7. Providing your personal data by you is a statutory requirement.
8. Providing your personal data is obligatory.

Contact details of the data protection officer:

Data Protection Inspector Józefińska 14, 30-529 Krakow or iod@mops.krakow.pl.

I declare that I have read the above information

.....
(date)
signature)

.....
(legible