

Applicant's name	Personal ID or Business ID
Occupation	Telephone number
Street address	Postal code and city/town
Marital status <input type="checkbox"/> unmarried <input type="checkbox"/> married or in a cohabiting relationship <input type="checkbox"/> registered partnership <input type="checkbox"/> divorced <input type="checkbox"/> surviving spouse	
Spouse's name and personal ID	
Children's birth years	

TAX FROM WHICH EXEMPTION IS BEING REQUESTED

<input type="checkbox"/> Back taxes	This request concerns
Tax year	<input type="checkbox"/> state tax
Tax domicile	<input type="checkbox"/> municipal tax and health insurance contributions
Tax year	<input type="checkbox"/> church tax
	<input type="checkbox"/> public broadcasting tax

<input type="checkbox"/> Inheritance and gift tax	Name and personal ID of deceased person / donor
<input type="checkbox"/> VAT	
<input type="checkbox"/> Employer's withholding	
<input type="checkbox"/> Employer's social security contribution payments	
<input type="checkbox"/> Transfer tax	Transfer of the following security/real estate: (name of security/real estate)
Transfer date	
<input type="checkbox"/> Tax account late-filing penalty and/or late-payment interest	
<input type="checkbox"/> Car tax	
<input type="checkbox"/> Excise duties	
<input type="checkbox"/> Other tax, what	
Tax year	Month
Tax domicile	

The applicant has appealed against the tax decision that the request for exemption from tax concerns <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's current monthly income / other benefits:

GROUNDS

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Number of enclosures (power of attorney, document proving unemployment, illness etc.)	
Date	Signature