**PODATKI O DAVNČNEM ZAVEZANCU:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ime in priimek davčnega zavezanca)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(podatki o bivališču: naselje, ulica, hišna številka)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(poštna številka, ime pošte)

Davčna številka

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(pristojni davčni urad, izpostava)

**ZAHTEVA**

**za namenitev dela dohodnine za donacije**

|  |  |  |
| --- | --- | --- |
| **Ime oziroma naziv upravičenca** | **Davčna številka upravičenca** | **Odstotek (%)** |
| **Društvo Salezijanski mladinski center Maribor** | 8 | 8 | 5 | 9 | 7 | 9 | 9 | 7 | **0,5** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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V/Na \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dne\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

podpis zavezanca/ke