**PODATKI O DAVČNEM ZAVEZANCU:**

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

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

 (ime in priimek davčnega zavezanca) (davčna številka)

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

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

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

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

 (poštna številka, ime pošte) (telefonska številka)

**ZAHTEVA**

**za namenitev dela dohodnine za donacije**

**šolskemu skladu oziroma skladu vrtca:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ime oziroma naziv upravičenca**  | **Davčna številka**  |  **upravičenca** | **Odstotek (%)**  |
| Šolski sklad OŠ Partizanska bolnišnica Jesen Tinje | 2 | 9 | 4 | 0 | 6 | 2 | 8 | 5 | 0,3 |
|    |  |  |  |  |  |  |  |  |  |
|    |   |   |   |   |   |   |   |   |   |
|    |   |   |   |   |   |   |   |   |   |

V/Na \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dne\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 podpis zavezanca/ke