



STATEMENT OF INCOME

TO BE COMPLETED BY THE EMPLOYER
EMPLOYEE'S DETAILS AND EMPLOYMENT INFORMATION

First name: Last name:

Date of birth: --

Employer's name and address (company stamp):

Employed from: --

Currently occupied position:

Date of last salary increase: --

Tax-deductible expenses: standard increased

Employment in the public sector: yes no

Employment in uniformed services: yes no

Shares in the company: none below 20% 20%-50% over 50% not applicable

Form of contract:

Employment contract for: indefinite term definite term until: -- trial period until: --

Nomination / appointment for: indefinite term definite term until: --

Current gross base salary:

| GROSS INCOME EARNED BY THE EMPLOYEE IN THE LAST 12 MONTHS | | | | |
|-----------------------------------------------------------|-------------|--------------------------------------------|----------------------------------------------|--------------------|
| Month / Year | Base salary | Regular variable compensation ¹ | Irregular variable compensation ² | Total compensation |
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¹ Regular variable compensation is understood as variable compensation components, such as bonuses, **obtained not less frequently than every 3 months.**
² Irregular variable compensation is understood as variable compensation components, such as bonuses, **obtained less frequently than every 3 months.**

| REQUIRED INFORMATION | NO | YES | IF SO, IN WHICH AMOUNT AND UNTIL WHICH DATE |
|----------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------------------------|
| Has the contract been terminated? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the Employer in bankruptcy / liquidation / restructuring proceedings? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there any deductions from the compensation for the Company Employee Benefit Fund (ZFSS)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there any deductions from the compensation for enforcement seizures? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a premium towards a Employee Capital Plan? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there any other deductions from the compensation? | <input type="checkbox"/> | <input type="checkbox"/> | |

CONFIRMATION BY THE EMPLOYER

It is hereby confirmed that the above data are true and correct.

Date: -- Town/city:

Employer's telephone number:

Signature and stamp of the chief accountant or person authorized to confirm the above data