**PODATKI O DAVČNEM ZAVEZANCU:**

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| (ime in priimek) |  | (davčna številka) |
|  |  |  |

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(

podatki o bivališču: naselje, ulica, hišna številka

(

elektronski naslov

(poštna številka, ime pošte) (telefonska številka)

# ZAHTEVA

**za namenitev dela dohodnine za donacije**

**upravičencu:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ime oziroma naziv upravičenca** | **Davčna številka upravičenca** | | | | | | | | **Odstotek (%)** |
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**šolskemu skladu oziroma skladu vrtca:**

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| **Ime oziroma naziv šolskega sklada ali sklada vrtca** | **Davčna številka šolskega sklada** | | | | | | | | **Odstotek (%)** |
| Šolski sklad Osnovne šole Bežigrad | 5 | 1 | 1 | 4 | 9 | 8 | 7 | 7 |  |
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V/Na \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dne\_\_\_\_\_\_\_\_\_\_

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## podpis zavezanca/ke