

DECLARATIE

cu date de identificare pentru aplicarea
Legii nr. 227/2015 – Codul Fiscal si H.G. nr. 1/2016 privind Normele de aplicare a Codului Fiscal
(venituri obtinute de la functia de baza)

Subsemnatul _____
avand functia de _____ la
Disciplina / Serviciul _____
declar pe propria raspundere urmatoarele date necesare completarii fisei fiscale si stabilirii impozitului pe venit:

I. Date de identificare a contribuabilului:

| | | | | | | | | | | | | | | | |
|-----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Cod numeric personal: | | | | | | | | | | | | | Nr.copii | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Numele | | | | | | Prenumele | | | | | | | | | |
| <input type="text"/> | | | | | | <input type="text"/> | | | | | | | | | |
| Localitate | | | | Judet | | Strada | | | | Nr. | | | | | |
| <input type="text"/> | | | | <input type="text"/> | | <input type="text"/> | | | | <input type="text"/> | | | | | |
| Cod postal | | Bl. | Sc. | Et. | Ap. | Sect. | Tel. acasa / mobil | | | | | | | | |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | |
| E-mail: | | | | | | Telefon servici | | | | | | | | | |
| <input type="text"/> | | | | | | <input type="text"/> | | | | | | | | | |

Se completeaza de

Directia
RUNOS

Data angajarii

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Data incetarii activitatii

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Invalid gr.I hand.grav |
| <input type="checkbox"/> | Invalid gr.II hand.acc. |

- In prezent, **realizez / nu realizez** alte surse de venit supuse impozitului pe venit
- **Nu sunt / sunt** invalid gr. I sau II, handicap grav sau accentuat, conform certificatului anexat (daca este cazul)

II. Date referitoare la persoanele aflate in intretinere:

| | | |
|---------------------|-----------------|----------------------|
| 1. Calitatea: _____ | CNP | <input type="text"/> |
| Numele _____ | Prenumele _____ | |
| 2. Calitatea: _____ | CNP | <input type="text"/> |
| Numele _____ | Prenumele _____ | |
| 3. Calitatea: _____ | CNP | <input type="text"/> |
| Numele _____ | Prenumele _____ | |
| 4. Calitatea: _____ | CNP | <input type="text"/> |
| Numele _____ | Prenumele _____ | |
| 5. Calitatea: _____ | CNP | <input type="text"/> |
| Numele _____ | Prenumele _____ | |
| 6. Calitatea: _____ | CNP | <input type="text"/> |
| Numele _____ | Prenumele _____ | |
| 7. Calitatea: _____ | CNP | <input type="text"/> |
| Numele _____ | Prenumele _____ | |

Orice modificare in situatia proprie a salariatului, precum si a persoanelor aflate in intretinere se va aduce la cunostinta Directiei RUNOS din cadrul Rectoratului UMF **in termen de 15 zile**, prin depunerea unei noi declaratii, pe propria raspundere, completata la Biroul Resurse Umane - Incadrari.

Sub sanctiunile aplicate infractiunii de fals, declar ca datele inscrise in declaratie sunt reale, corecte si complete.

Data _____

Semnatura contribuabil _____

Directia RUNOS
Se certifica ca documentele anexate in xerocopie
sunt conforme cu originalul