

To the assessment of the application by an
individual (self-employed person) for a
payment allowance

In total:	
Requested payment date:	

* Deferral of payment: payment at a later date in one single instalment.

d) Details of the amount(s) requested to be reduced by type of tax

Name or code of the tax type	Amount in HUF
In total:	

e) With regard to the amount requested to be reduced in point (d), if the request for the reduction is rejected in whole or in part, **I request / do not request** the granting of deferred payment / instalment payment for the unremitted (outstanding) debt. (Underline as appropriate.)

Please defer payment until the date of _____.

I request an instalment payment for _____ months (number of instalments).

3. Income data (HUF):

Regular net monthly earnings from employment:	
Average monthly net amount of cafeteria:	
Regular monthly net income from secondary activities (side job(s)):	
Regular monthly net income from sole proprietorship:	
Average monthly net income from agricultural activity:	
Average monthly net income from real estate rental:	
Monthly pension amount:	
Regular monthly income from alimony, child support payments or payments from other lineal descents:	
Average monthly net income from employment abroad:	
Average monthly income from casual work:	
List of other regular benefits (e.g. family allowance, regular aid(s), allowances, etc.):	
In total:	

4. Data on persons living in the same household as the applicant and their income and other regular benefits (including dependents):

Name	Tax ID for individuals	Occupation	Monthly net income and other benefits	Family relationship	In the case of a child, date of birth
In total:					

5. Data on residential real estate

Address of the real estate: _____ Lot number: _____
Size in square meter: _____ Number of rooms (piece): _____
In the absence of ownership, the title of dwelling (lease, courtesy user of the dwelling, family member, etc.): _____
If you co-own a residential property, the ratio of co-ownership: _____
The property is acquired by (contract (i.e. purchase), inheritance, gift, exchange, other): _____
Estimated turnover value of the co-owned property (share): HUF _____.

6. Additional real properties owned by the applicant and those living in a common household:

Nature of property ¹	Address or lot number	Owner's name	Ratio of co-ownership	Year of acquisition	Title of acquisition ²	Estimated turnover value of the co-owned property ³
In total:						

1 Family house, flat, holiday resort, garden plot, farmland, arable land, forest, farm, garage, workshop, other
2 Acquisition by contract (i.e. purchase), inheritance, gift, exchange, other
3 The value of the buildings with the given lot number must also be included in the turnover value

7. Monthly, regularly paid expenses related to the maintenance of real estate(s):

Title of expense	1. (Residential) property address:	2. Property address:	3. Property address:	4. Property address:
	Monthly amount	Monthly amount	Monthly amount	Monthly amount
Water				
Electricity				
Gas				
Heating				
Common costs				
Waste management fee				
Home insurance				
Rent				
Tel., TV, internet				
Other:				
In total:				

8. Other monthly expenses paid regularly, not accounted for in the sole proprietorship (e.g.: care costs due to long-term illness, medical and pharmaceutical costs, in the case of loan repayment instalments, the due date, expenditures on motor vehicles, support provided to relatives, costs of going to work, etc.

Description of expenditure	Monthly amount	Expiration date (year, month)
In total:		

Attention! In the case of loans, it is also necessary to attach a document certifying their existence, amounts and regular instalment payments!

9. Amount of other debts with their brief description (overheads in arrears, loans to individuals, debts, etc.):

Description of the debt	Name of the beneficiary	Debt amount in HUF	Monthly repayment amount in HUF
In total:			

Attention! It is also necessary to attach a document certifying their existence, amounts and regular instalment payments!

10. Details of motor vehicles, industrial, agricultural machinery, watercraft and aircraft used (owned) by the applicant and those living in the same household

	1. Motor vehicle	2. Motor vehicle	3. Motor vehicle	4. Motor vehicle
Product				
Type				
Registration number				
Owner				
Nature of use ¹				
Turnover value				
Year of production				
Year of acquisition				
Utilization ²				
Title of use ³				
Loan expiration date				

11. Details of bank accounts owned by the applicant and those living in the same household:

Name of the owner	Name of the financial institution holding the account	Bank account number	Last balance	
			Date	Amount (HUF)
In total:				

¹ Nature of use: passenger vehicle, lorry, truck, commercial vehicle

² Utilization: in a business or for private use

³ Title of use: owner, lease, rent, other

If the vehicle(s) is (are) necessary for the applicant or his/her close relative to relocate, please give the reasons thereof and provide documentary evidences (e.g. disabled, other diseases requiring transport, going to work in the absence of public transport, etc.).

12. Securities, shares, other investments, cash, currency, bank deposits, bonds, government securities, other savings owned by the applicant and those living in the same household:

Name of the owner	Nature of savings/investment	Value in HUF
In total:		

13. Membership, participation right, interest in a company, share of business representing a property value owned by the applicant and those living in a common household:

Name of company	Tax identification number	Degree of participation right (%)

14. Movable property (technical equipment, work of art, precious metal, jewellery, etc.) in excess of a unique value of HUF 100,000 owned by the applicant and those living in a common household:

Name of movable property	Year of acquisition	Market value in HUF

15. Amount of receivables outside any business activities per debtor with a brief description of the reasons thereof:

Title of receivable	Receivable amount (HUF)	Due date	Name of the debtor
In total:			

Measures taken to recover claims: _____

16. Amount of collateral offered as a security for the payment facilitation (warranty, guarantee, pledge, mortgage, etc.):

Type of collateral	Description of asset(s)	Value of collateral
In total:		

17. Other comments related to the submission of the application (reason for payment difficulties, extraordinary expenses, etc.):

I declare under penalty of perjury that the information I provided in this data sheet is accurate and corresponds to reality. I consent to the processing of my personal data by the tax authority to the extent necessary to process my application. I have read the contents of the enclosed information leaflet and I take note of its contents.

Signed in _____, _____ (day) _____ (month) _____ (year)

Signature of the taxpayer

On the basis of the information leaflet (guidance note), I declare that I consent to the completion of the sections of the form concerning *my* personal data, the communication of the requested data to the tax authority and the processing of the data by the tax authority.

Name of the close relative living in the same household

Signature

Name of the close relative living in the same household

Signature

Name of the close relative living in the same household

Signature

Name of the close relative living in the same household

Signature

Name of the close relative living in the same household

Signature

ANNEX

to the assessment of the private entrepreneur's application for a payment allowance

I.

Description	Year preceding the reference year	Data of the current period from (month) (year) to (month) (year)
Sales revenue:		
Procurement of materials, supplies:		
Salary and public charges of employee(s):		
Depreciation:		
Other production and handling costs:		
Entrepreneurial withdrawals:		
Income:		
Losses:		

II.

Average number of employees:		
Tangible assets (machinery, buildings and land, vehicles, etc.):		
Inventories (materials, goods, etc.):		
Financial fixed assets:		
Cash and cash equivalents (bank accounts, cash):		
Securities:		
Receivables:		
Overdue receivables:		
Liabilities:		
Tax and contribution debts:		
Other public debts:		
Suppliers:		
Overdue suppliers:		
Short-term liabilities:		
Short-term loans:		

Long-term loans:		
Repayments of long-term loans in the current year:		
Amount of interest payable on long-term loans in the current year:		

In the column "Data of the current period" (indicating the exact period), please indicate data in HUF not older than three months prior to the submission of the application, whereas in the column "data of the period preceding the reference period" please provide the management data of the year preceding the year of the current period.

Signature of the taxpayer

GUIDANCE NOTES
TO THE POINTS OF THE APPLICATION

2. Determination of the amount(s) covered by the application:

If you wish to submit an application for the entire outstanding debt, then fill in point a), underline the corresponding allowance/discount (you can indicate more than one, e.g. instalment, reduction), or indicate the requested term or payment period in the case of instalment payment request or the deadline in the case of a request for payment deferment. If you do not provide this information, the tax authority will decide in this regard. If point (a) is completed, points (b), (c), (d) and (e) need not be completed (but if completed, the tax directorates will act in respect of the obligations under point (a)). If you wish to specify the type and amount of tax applied for, fill in point b), or c) or d) or, if necessary, e). In this case, point (a) need not be completed.

3. Income data (HUF):

Please report earnings in MONTHLY breakdowns in this block (e.g. in case of annual Cafeteria allowance, 1/12 of the annual amount should be indicated). In case of a regular monthly support, aid or grant, it is necessary to also attach the statement of the supporting person!

4. Data on persons living in the same household as the applicant and their income and other regular benefits (including dependents):

If you receive other benefits in addition to the income of the person who lives in the same household, please enter the *cumulative* amount thereof in the column of monthly net income and other benefits.

7. Monthly, regularly paid expenses related to the maintenance of real estate(s):

Please provide a monthly breakdown of expenses in this block (e.g. if the amount of an invoice contains several monthly aggregates, in that case the expenditure per month must be indicated). Please indicate the address of the real properties in the header (details of the residential property and the properties indicated in point 6). If you have accumulated overdue overheads (arrears) due to non-payment of fees, then the data on those debts must be indicated in point 9!

8. Other monthly expenses paid regularly, not accounted for in the sole proprietorship

Please indicate the expenses on a MONTHLY basis in this block, too (if you pay the amount of vehicle tax annually, then 1/12 of the amount must be indicated). In the case of loans, credits, it is sufficient to attach pages containing the relevant data of the loan, credit (name of the parties to the loan, amount of the loan, credit, amount of monthly repayments, instalments, interest amount, etc.). If you support a person living in a non-joint household (living in another household) on a monthly basis, then the monthly amount of the support must also be indicated here. If you have accumulated arrears due to non-payment of fees, then the data on those debts must be indicated in point 9!

9. Amount of other debts with their brief description (overheads in arrears, loans to individuals, debts, etc.):

Please indicate in this point if you have accumulated arrears or any other type of debt. If an instalment payment has been authorized for the payment of the debt, please also indicate the monthly amount of repayment thereof, should you pay it regularly!

STATEMENT OF SUPPORT

I, the undersigned _____ [name of the person providing financial support] resident under _____ [permanent address of the support provider] (tax ID number for individuals _____) I declare under penalty of perjury that I do provide _____ [name of the supported person] with a financial support of HUF _____ [amount] on a monthly basis. I have made this statement in order for the tax authority to properly assess my application for a payment allowance. I enclose with this declaration a certificate of my income providing coverage for the support.

Signed in _____, _____ (day) _____ (month) _____ (year)

Signature of the financial supporter