



Medicinska Föreningen

Work report

Hand-in date:.....

Name:.....

Street Address:.....

Zip-code:.....

Social security number:..... Phone:.....

E-mail:.....

Performed work (fill in the **date** for the performed work):

- Inspection of Solvik after lease:.....
- Inspection of the Union House after lease:
- Service manager (SA):
- Other work according to specific decisions:
- Sold advertising space in Medicor for the total amount of:

Tax information (choose **one**):

- Working for MF is my primary source of taxable income during the time period in question.
My tax table is:.....
- Working for MF is my lateral income. (Tax deduction will be made by 30%.)
- My incomes from MF will be less than 1000 SEK this year. (No tax deduction)
- I am a student and I hereby certify that I fulfill the conditions for exemption of tax deduction.
(Annual taxable income less than the basic reduction (18 824 SEK 2013).)

Payment method:

- Bank name, clearing- and accountnr:.....
- Other, that is:.....

I hereby certify that the information given above is correct and request that salary/fee for above work is paid out.

Signature:.....

Amount to obtain – filled in by Attestant (prior to tax):.....

Attested by:.....

Clarification of signature:.....