



Medicinska Föreningen

Work report - temporary work

Hand-in date:.....

Name:.....

Street Address:.....

Postal address:

Social security number: Phone:

E-mail:.....

Performed work (fill in the **date** and **time** of performed work):

- House manager (*husansvarig*):
- Bar staff:
- Sold advertising space in Medicor for the total amount of:
- Other work according to specific decisions:

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 deduction (19 600 SEK 2019).)

Payment method:

Bank name, clearing- and account no:.....

Other, that is:.....

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

Signature:.....

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

Attested by:.....

Clarification of signature:.....

Date:.....