

Work report – temporary work

Hand-in date:

Name:

Street address:

Postcode and city:

Swedish personal identity number: Phone:
(Don't have one? Ask the MF Treasurer what to do)

E-mail:

Performed work (if applicable, fill in **date** and **time** of performed work):

- House manager (*husansvarig*):
- Bar staff:
- Advertising space in Medicor sold for a total amount of:
- Other, that is:

Tax information during the year of payment (choose **one**):

- Working for MF is my primary source of taxable income during the time period in question.
My tax table is:..... / I attach a decision of deduction from the Swedish Tax Agency.
- 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 meet the conditions for exemption of tax deduction
(annual taxable income less than the basic deduction = 20 200 SEK in year 2021).

Citizenship (choose **one**):

- I'm a Swedish citizen.
- I'm NOT a Swedish citizen. I'm a citizen of these countries:

Payment method:

- Bank, clearing- and account no:
- Other, that is:

I hereby certify that the information above is correct, I accept that my personal data will be handled in accordance with *Information till personer registrerade i Medicinska Föreningens i Stockholm personal- och lönerregister (Information to persons registered in the staff and salary register of Medicinska Föreningen i Stockholm)*, and I request that the salary/fee for the above-mentioned work be paid out.

Signature:

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

Attest:

Clarification of signature:

Date:

Ask the MF Treasurer about this form: skattmastare@medicinskaforeningen.se