

**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**):

- Default: working for MF is a lateral income for me (tax deduction will be made by 30 %).
- My incomes from MF will be less than 1000 SEK this year (no tax deduction).
- I certify that I meet the conditions for exemption of tax deduction (I'm a student, live in Sweden the entire calendar year, and my annual taxable income is less than the basic deduction = approx. 20 400 SEK in 2022).
- Working for MF is my primary source of taxable income during the time period in question (tax will be deducted according to my tax table at the Tax Agency).

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: .....
- (Don't have one? Ask the MF Treasurer what to do)

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

Signature: .....

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*Filled in by authorized attestant of Medicinska Föreningen*

Amount to obtain (prior to tax): .....

Attest: .....

Clarification of signature: .....

Date: .....