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|  COD: USVT - R001-F04 | University of Life Sciences "King Mihai I" from Timisoara | Issuing body Department of Quality Management |
| | Regulation on the award of scholarships and other forms of material support for students of the University of Life Sciences "King Mihai I" from Timișoara | |

Annex No 4

TAX RETURN

In order to determine my income for the purpose of obtaining a social scholarship, the undersigned _____, student at the Faculty of _____, programme _____, in the year _____, hereby declare all income obtained by the members of my family:

| | | | |
|-------------------------|---|--|-------------------|
| 1 | Net income for the last three months (July, August, September, December, January, February) | Total, of which: | lei / month |
| | | Net monthly salaries | lei / month |
| | | Pensions | lei / month |
| | | State allowances for children | lei / month |
| | | Placement allowances | lei / month |
| | | Other aid received from the State | lei / month |
| | | Income from sick leave due to pregnancy or maternity or temporary incapacity benefit | lei / month |
| | | Income from letting of own premises | lei / month |
| | | Income from joint ventures in private companies | lei / month |
| | | Income from agriculture | lei / month |
| Other income categories | lei / month | | |

| | | | |
|---|--------------------------|-------------------------------|-------|
| 2 | Number of family members | Total, of which: | |
| | | Parents | |
| | | Number of student siblings | |
| | | Number of student brothers | |
| | | Number of pre-school children | |
| | | Other family members | |

| | | |
|---|-------------------------------------|----------------------------|
| 3 | Net realised income / family member | lei / month / person |
|---|-------------------------------------|----------------------------|

In order to substantiate the statements made, we attach the following documents to this declaration:

| No. crt. | Name of the act, document |
|----------|---------------------------|
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I declare on my own responsibility that the data entered in this declaration are true, knowing that failure to declare all the income earned by my family or false declaration of the same entails the loss of student status, the return of the scholarship received and the legal consequences.

Date _____ Signature _____