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|  | **FÖRMÅN****Skattepliktig**(underlag för förhöjt skatteavdrag)Datum |

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| Namn      | Personnummer      |
| Adress      | Postnr, Ort            |
| Telefonnummer       | Email      |
| Institution/motsvarande       | Anställd som      |

**Förmån** (T.ex. parkeringsförmån, kostförmån, bostadsförmån, årskort för resor mm.)

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| From       Tom       |
| Specificering | Antal | Á pris, kr | Belopp, kr | Radnr. kontering |
|       |       |        |        |       |
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**Kontering**

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| Radnr | Konto (kf 1) | Projekt (kf 2) | Org (kf 3) | Verksamhet (kf 4) | Aktivitet (kf 5) | Motpart (kf 6) | Finanisär (kf 7) |
|     |       |       |     |     |       |       |       |
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**Kontaktperson institution/motsvarande**

|  |
| --- |
| Namn      |

**Attest prefekt/motsvarande**

|  |  |
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| Underskrift | Datum, Ort            |
| Namnförtydligande      |
| HR-avdelningens anteckningar      |