**PODATKI O DAVČNEM ZAVEZANCU:**

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| (davčna številka) | | | | | | | |

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(ime in priimek)

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(podatki o bivališču: naselje, ulica, hišna številka) (elektronski naslov)

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| (telefonska številka) | | | | | | | | |

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(poštna številka, ime pošte)

ZAHTEVA

za namenitev dela dohodnine za donacije

upravičencu:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ime oziroma naziv upravičenca** | **Davčna številka upravičenca** | | | | | | | | **Odstotek (%)** |
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šolskemu skladu oziroma skladu vrtca:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ime oziroma naziv šolskega sklada ali sklada vrtca** | **Davčna številka šolskega sklada** | | | | | | | | **Odstotek (%)** |
| **Šolski sklad Osnovne šole Koper** | **2** | **5** | **8** | **6** | **6** | **7** | **0** | **2** |  |
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V/Na , dne

podpis zavezanca/ke