

The administration's own notes

Arrival date
Signature



Income inquiry - concerning municipal preschool/after-school care

Please submit your new income via <https://saits-vaxjo.ist.se/vaxjo/login.htm>

1 Custodian

First name	Last name	Social security number
Address		Zip code
Telephone	E-mail	
Employer	Telephone	

The household income is the basis for the fee, even if the cohabitants do not have children in common

2 Guardian ✳ Cohabitant ✳

First name	Last name	Social security number
Address		Zip code
Telephone	E-mail	
Employer	Telephone	

Change in family status

<input type="checkbox"/> Married <input type="checkbox"/> Single household	With effect from:
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Gross taxable income/month (before tax) = taxed annual income divided by 12

1 custodian income/month:		Income applicable with effect from:
Will not provide income information, accepts the maximum rate (see current amount on www.vaxjo.se)		With effect from:
<input type="checkbox"/> Yes		
2 custodian /cohabitant income/month:		Income applicable with effect from:
Will not provide income information, accepts the maximum rate (see current amount on www.vaxjo.se)		With effect from:
<input type="checkbox"/> Yes		

The income is compared annually with information from the Swedish Tax Agency. Any adjustment of the fee will be made upon registration of income from a previous date.

I hereby declare that the above information is true and that I accept responsibility for payment of the childcare fee.

Signature of custodian and spouse

Date	Date
Signature	Signature
1 Clarification of signature	2 Clarification of signature

Send to:
Utbildningsförvaltningen
Box 1222
351 12 VÄXJÖ