

The administration's own notes

Arrival date
Signature



## Income inquiry - concerning municipal preschool/after-school care

Please submit your new income via [Edlevo](#)

### 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**

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

Send to:  
Utbildningsförvaltningen  
Box 1222  
351 12 VÄXJÖ