



2015

This form will be read by machine, so please write in **BLOCK CAPITALS** and use **only black or blue ink**. Enter amounts in euros and cents (right-justified). Please only return original forms, as copies are not machine-readable. Entries **outside the entry fields** are also not machine-readable.

**Highlighted fields are compulsory.**

Social insurance number (10 digits) <sup>1)</sup>	Date of birth (Please only fill in if you do not have your social security number)
<input type="text"/>	<input type="text"/>
SURNAME (BLOCK LETTERS)	
<input type="text"/>	
FIRST NAME (BLOCK LETTERS)	ACADEMIC DEGREE (BLOCK LETTERS)
<input type="text"/>	<input type="text"/>

## Wage Statement/Pay Statement

for the period **from**     **to**     **2015**

Please refer to the notes to complete form L 17 - Form L 17a and L17b.

1. Further information on the employee	
1.1 STREET (BLOCK LETTERS)	
<input type="text"/>	
1.2 House number	1.3 Staircase
<input type="text"/>	<input type="text"/>
1.4 Door number	1.5 Country <sup>2)</sup>
<input type="text"/>	<input type="text"/>
1.6 TOWN (BLOCK LETTERS)	1.7 Postcode
<input type="text"/>	<input type="text"/>
2. Employer/Pension-paying body:	
2.1 COMPANY NAME (BLOCK LETTERS)	
<input type="text"/>	
2.2 STREET (BLOCK LETTERS)	
<input type="text"/>	
2.3 House number	2.4 Staircase
<input type="text"/>	<input type="text"/>
2.5 Door number	2.6 Country <sup>2)</sup>
<input type="text"/>	<input type="text"/>
2.7 TOWN (BLOCKSCHRIFT)	2.8 Postcode
<input type="text"/>	<input type="text"/>
2.9 Telephone number	2.10 Fax
<input type="text"/>	<input type="text"/>
3. Pension withdrawal <input type="checkbox"/> yes	

<sup>1)</sup> Please enter the complete insurance number (10 digits) allocated by the Austrian social insurance carrier here.

<sup>2)</sup> Please enter the international license plate symbol. Please only fill in if you are not currently residing in Austria.



<b>4. Gross earnings</b> (payments in cash and kind inclusive of points 4.1 to 4.12)		
Lease of employer's own vehicle for home -work travel, number of calendar months (§ 16 sect. 1   6 let. b)	<input type="text"/> <input type="text"/>	<b>350</b>
4.1 (Normal) Overtime premiums		<b>354</b>
4.2 Premiums for Sundays, bank holidays and night shifts; premiums for dirty work and difficult working conditions; danger pay; of which mainly night shifts for	<input type="text"/> <input type="text"/> month	<b>394</b>
4.3 Earnings other than salary not guaranteed on a monthly basis		<b>351</b>
4.4 Reduced hours		
4.5 Partial retirement		
4.6 Termination benefits and indemnities for a period of <input type="text"/> <input type="text"/> years of service		<b>352</b>
4.7 Inventor's bonuses/Suggestions scheme awards		
4.8 Pension settlements employer		<b>356</b>
4.9 Pension settlements pension fund		<b>738</b>
4.10 Social plan payments		
4.11 Earnings from activities exercised outside the employer's own state		
4.12 Earnings from beneficiary foreign employment according to § 3 sect. 1   10 EStG 1988		
<b>5. Deducted social (insurance) contributions</b>		
5.1 For current salary paid out		<b>357</b>
5.2 For earnings according to code 351 (point 4.3)		<b>347</b>
5.3 For earnings according to code 352 (point 4.6)		<b>736</b>
5.4 For earnings according to code 356 (point 4.8)		<b>737</b>
5.5 For earnings according to code 738 (point 4.9)		<b>739</b>
<b>6. Deducted taxes</b>		<b>358</b>
<b>7. Tax-free or non-taxable earnings not included in the gross wage (code 350)</b>		
7.1 Expenses allowances and travel expenses		
7.2 Employer's contributions to pension funds		
7.3 Assets placed at employee's disposal, number of calendar months (§ 26   5)	<input type="text"/> <input type="text"/>	

**IMPORTANT NOTICE:** Please do **not provide any documents/evidence** (only upon request from your tax office), as all documents received by the tax office are destroyed after electronic copies have been made according to data privacy laws.

I declare that the above information is correct and complete:

Name of signatory

Date of completion and signature

