



# 2016

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.**

10-digit social insurance number acc. to e-card <sup>1)</sup>	Date of birth (If you do not have your social security number, it must be filled in)										
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
SURNAME (BLOCK LETTERS)											
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>											
FIRST NAME (BLOCK LETTERS)	ACADEMIC DEGREE (BLOCK LETTERS)										
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>									

## Wage Statement/Pay Statement

for the period **from**

D	D	M	M
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**to**

D	D	M	M
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**2016**

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)

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1.2 House number      1.3 Staircase      1.4 Door number      1.5 Country <sup>2)</sup>

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1.6 TOWN (BLOCK LETTERS)      1.7 Postcode

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**2. Employer/Pension-paying body:**

2.1 COMPANY NAME (BLOCK LETTERS)

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2.2 STREET (BLOCK LETTERS)

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2.3 House number      2.4 Staircase      2.5 Door number      2.6 Country <sup>2)</sup>

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2.7 TOWN (BLOCKSCHRIFT)      2.8 Postcode

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2.9 Telephone number      2.10 Fax

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**3. Pension withdrawal**       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>	<input type="text"/>
4.1 (Normal) Overtime premiums			<b>354</b>	<input type="text"/>
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>	<input type="text"/>
4.3 Earnings other than salary not guaranteed on a monthly basis			<b>351</b>	<input type="text"/>
4.4 Reduced hours				<input type="text"/>
4.5 Partial retirement				<input type="text"/>
4.6 Termination benefits and indemnities for a period of	<input type="text"/>	<input type="text"/>	years of service <b>352</b>	<input type="text"/>
4.7 Inventor's bonuses/Suggestions scheme awards				<input type="text"/>
4.8 Pension settlements employer			<b>356</b>	<input type="text"/>
4.9 Pension settlements pension fund			<b>738</b>	<input type="text"/>
4.10 Social plan payments				<input type="text"/>
4.11 Earnings from activities exercised outside the employer's own state				<input type="text"/>
4.12 Earnings from beneficiary foreign employment according to § 3 sect. 1   10 EStG 1988				<input type="text"/>

**5. Deducted social (insurance) contributions**

5.1 For current salary paid out			<b>357</b>	<input type="text"/>
5.2 For earnings according to code 351 (point 4.3)			<b>347</b>	<input type="text"/>
5.3 For earnings according to code 352 (point 4.6)			<b>736</b>	<input type="text"/>
5.4 For earnings according to code 356 (point 4.8)			<b>737</b>	<input type="text"/>
5.5 For earnings according to code 738 (point 4.9)			<b>739</b>	<input type="text"/>

**6. Deducted taxes** **358**

**7. Tax-free or non-taxable earnings not included in the gross wage (code 350)**

7.1 Expenses allowances and travel expenses				<input type="text"/>
7.2 Employer's contributions to pension funds				<input type="text"/>
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:

\_\_\_\_\_  
Date of completion and signature

