



# 2017

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: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></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)													
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FIRST NAME (BLOCK LETTERS)	ACADEMIC DEGREE (BLOCK LETTERS)												
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## Wage Statement/Pay Statement

for the period **from**

D	D	M	M

**to**

D	D	M	M

**2017**

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.



**4. Gross earnings** (payments in cash and kind inclusive of points 4.1 to 4.11)

Lease of employer's own vehicle for home -work travel,  
number of calendar months (§ 16 sect. 1 | 6 let. b)

**350**

4.1 (Normal) Overtime premiums

**354**

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

month

**394**

4.3 Earnings other than salary not guaranteed on a monthly basis

**351**

4.4 Reduced hours

4.5 Partial retirement

4.6 Termination benefits and indemnities for a period of

years of service

**352**

4.7 Pension settlements employer

**356**

4.8 Pension settlements pension fund

**738**

4.9 Social plan payments

4.10 Earnings from activities exercised outside the employer's own state

4.11 Earnings from beneficiary foreign employment according to § 3 sect. 1 | 10 EstG 1988

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

5.1 For current salary paid out

**357**

5.2 For earnings according to code 351 (point 4.3)

**347**

5.3 For earnings according to code 352 (point 4.6)

**736**

5.4 For earnings according to code 356 (point 4.7)

**737**

5.5 For earnings according to code 738 (point 4.8)

**739**

**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

7.2 Employer's contributions to pension funds

7.3 Assets placed at employee's disposal, number of calendar months (§ 26 | 5)

**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

