



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 ¹⁾	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)													
<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>													
FIRST NAME (BLOCK LETTERS)	ACADEMIC DEGREE (BLOCK LETTERS)												
<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: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>								

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 ²⁾

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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 ²⁾

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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

¹⁾ Please enter the complete insurance number (10 digits) allocated by the Austrian social insurance carrier here.
²⁾ 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)	<input type="text"/> <input type="text"/>	350 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.1 (Normal) Overtime premiums		354 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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	394 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.3 Earnings other than salary not guaranteed on a monthly basis		351 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.4 Reduced hours		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.5 Partial retirement		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.6 Termination benefits and indemnities for a period of	<input type="text"/> <input type="text"/> years of service	352 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.7 Pension settlements employer		356 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.8 Pension settlements pension fund		738 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.9 Social plan payments		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.10 Earnings from activities exercised outside the employer's own state		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.11 Earnings from beneficiary foreign employment according to § 3 sect. 1 10 EstG 1988		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Deducted social (insurance) contributions		
5.1 For current salary paid out		357 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.2 For earnings according to code 351 (point 4.3)		347 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.3 For earnings according to code 352 (point 4.6)		736 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.4 For earnings according to code 356 (point 4.7)		737 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.5 For earnings according to code 738 (point 4.8)		739 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Deducted taxes		358 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7.2 Employer's contributions to pension funds		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7.3 Assets placed at employee's disposal, number of calendar months (§ 26 5)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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