



# 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)													
<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 <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 4.11)		
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"/>	<b>350</b> <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		<b>354</b> <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	<b>394</b> <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		<b>351</b> <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	<b>352</b> <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		<b>356</b> <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		<b>738</b> <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"/>
<b>5. Deducted social (insurance) contributions</b>		
5.1 For current salary paid out		<b>357</b> <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)		<b>347</b> <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)		<b>736</b> <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)		<b>737</b> <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)		<b>739</b> <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"/>
<b>6. Deducted taxes</b>		<b>358</b> <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"/>
<b>7. Tax-free or non-taxable earnings not included in the gross wage (code 350)</b>		
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
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Date of completion and signature