



*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.

[illegible]

Wage Statement/Pay Statement

for the period **from**

D	D	M	M

to

D	D	M	M

2018

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

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

3544.2 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 Social plan payments

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

4.10 Earnings from beneficiary foreign employment according to § 3 (1) (10) EStG 1988 (Income Tax Act)
60% of the current earnings from beneficiary foreign employment, at most the monthly or daily
maximum contribution basis according to § 108 ASVG (General Social Security Act)

Total number of work days of beneficiary foreign employment

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**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:

Name of signatory

Date of completion and signature