



Tip: You can also fill out and submit this declaration electronically via Finanz-Online (bmf.gv.at) – around the clock and without special software.

2019

Supplement L 1ab for 2019 to Form L 1 or E 1 for extraordinary burdens

How to fill out this form correctly?

- All information must be complete and correct
- Please fill out in CAPITAL LETTERS and only in black or blue colour – amount fields in euros and cents
- Fields with a bold frame must be filled in at any rate.
- Applicable items must be ticked

Supplementary information can also be found in the Tax Book 2020 (bmf.gv.at) and in the completion instructions L 2

Data Protection Policy at bmf.gv.at/datenschutz or in printed form at all tax and customs office locations

PLEASE DO NOT WRITE INTO THIS GREY FIELD

bmf.gv.at

Bundesministerium
Finanzen



1. Personal Data		
1.1 10-digit Austrian Social Security Number according to e-card	1.2 Tax account number Tax office number – Tax number ¹⁾	1.3 Date of birth (if there is no social security N ^o , to be filled in at any rate)
<div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;"></div>	<div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;"></div>	<div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;">D D M M Y Y Y Y</div>
2. Extraordinary burdens (for each code, please state only the total annual amount in euros and cents)		
<i>To assert extraordinary burdens for children, please use Supplement L 1k for each child.</i>		
Extraordinary burdens with deductibles (less any reimbursements or remuneration received)		
2.1 Medical costs (incl. dental prostheses)	730	<div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;"></div>
2.2 Burial costs (unless covered by: Estate assets, insurance payments, tax-exempt reimbursements by the employer, asset transfer within the last 7 years before demise)	731	<div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;"></div>
2.3 Costs of treatment at a health resort after deduction of a proportionate household saving for meals (full board) to the amount of € 5.23 per day	734	<div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;"></div>
2.4 Other extraordinary burdens not covered by 2.1 to 2.3	735	<div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;"></div>
Extraordinary burdens without deductibles		
2.5 Disaster losses (less any reimbursements or remunerations received)	475	<div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;"></div>
Extraordinary burden from 25 % disability or in the case of long-term nursing care allowance	Applicant	Partner ²⁾
2.6 I request the tax exempt amount for disability (Requirement: at least 25 % disability, no nursing care allowance) and no actual costs due to the disability (codes 439/418) are asserted	Level of disability ³⁾ <div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;"></div> %	Level of disability ³⁾ <div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;"></div> %
2.7 I apply for the flat-rate tax exempt amount for dietary meals due to the following illness:	<input checked="" type="checkbox"/> Diabetes, tuberculosis, coeliac disease, AIDS <input checked="" type="checkbox"/> Biliary, liver, kidney disease <input checked="" type="checkbox"/> other internal disease (stomach, heart)	<input checked="" type="checkbox"/> Diabetes, tuberculosis, coeliac disease, AIDS <input checked="" type="checkbox"/> Biliary, liver, kidney disease <input checked="" type="checkbox"/> other internal disease (stomach, heart)
2.8 Nursing care allowance, allowance for blindness or other care-related cash benefits are received (Note: In the case of year-round receipt, there is no allowance for disability in accordance with Item 2.6 due)	Start <div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;">M M</div> to End <div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;">M M</div> 2019	Start <div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;">M M</div> to End <div style="border: 1px solid red; display: flex; justify-content: space-between; width: 100%; height: 20px;">M M</div> 2019
2.9.1 I apply for the flat-rate tax exempt amount for the motor vehicle registered to the person with special needs. There is a restriction of mobility.	<input checked="" type="checkbox"/> yes	<input checked="" type="checkbox"/> yes
2.9.2 I apply for the flat-rate tax exempt amount for the motor vehicle registered to the person with special needs. A license card pursuant to § 29b StVO 1960 is available.	<input checked="" type="checkbox"/> yes	<input checked="" type="checkbox"/> yes

¹⁾ Field 1.2 is **not** to be completed as a supplement to Form L 1.

²⁾ **Partners** are spouses and registered partners. Furthermore cohabitants with at least one child for whom family allowance have been received for at least seven months (§ 106 III of the Austrian Income Tax Act 1988). They are hereinafter referred to as "partners" unless stated otherwise.

³⁾ A disabled person's passport or notice of disability classification is available and must be presented at the request of the tax office.

