

2020



Please fill out in CAPITAL LETTERS and only in black or blue colour. Enter amounts in euros and cents (right-justified).
Fields with a bold frame must be filled in at any rate.

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

10-digit Austrian Social Security Number according to e-card ¹⁾	Date of birth (If there is no social security N ^o , to be filled in at any rate)												
<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													
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FIRST NAME	TITLE												
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Application for the multiple-child bonus on the basis of the circumstances of the year 2020

Please read the instructions on page 2 before filling in the form!

Please tick as applicable.

PLEASE DO NOT WRITE INTO THIS GREY FIELD

bmf.gv.at

Bundesministerium
Finanzen

1. Further personal data

1.1 Sex
 female male inter/diverse/open

1.2 Marital status as per 31-DEC-2020 (Please tick only one box) ²⁾ since (date not required for singles)

<input type="checkbox"/> married/in registered partnership	<input type="checkbox"/> domestic partnership	<div style="border: 1px solid black; height: 20px;"></div>
<input type="checkbox"/> single	<input type="checkbox"/> permanently separated	
<input type="checkbox"/> divorced	<input type="checkbox"/> widowed	

2. Current residential address

2.1 STREET

2.2 House N ^o	2.3 Staircase	2.4 Door N ^o	2.5 COUNTRY ³⁾
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

2.6 CITY

2.7 Postcode	2.8 Telephone N ^o
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

3. Partner

3.1 SURNAME

3.2 FIRST NAME	3.3 TITLE
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

3.4 10-digit Austrian Social Security Number according to e-card ¹⁾	3.5 Date of birth (DDMMYYYY) (If no social security N ^o available, to be filled in at any rate)												
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D	D	M	M	Y	Y	Y	Y						

¹⁾ Please enter the complete 10-digit insurance N^o assigned by the Austrian social insurance provider here.
²⁾ In the following, spouse, cohabitee and registered partner are uniformly referred to as "partner".
³⁾ Only if the current place of residence is not located in Austria, please indicate the motor vehicle nationality plate symbol of the state.



