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Period of the maintenance payments	from M M to M M 2020	
• Extraordinary burdens for the child ⁵⁾		
1 I claim extraordinary burdens for a child without a disability (e.g. medical expenses) – less reimbursements and allowances		
2 I bear the costs for the external vocational training (Item 5.3) and the disability of the child (Item 5.4) to the following extent	%	6
3 I apply for the flat rate for external vocational training of the child (for cost absorption see Item 5.2)	¥0	
5.3.1 Duration of the vocational training away from home in months		
5.3.2 Postal code of the place of training 5.3.3 Country of training 5.3.2 Postal code of the place of training 5.3.3 Country of training		
 5.4.1 I apply for the flat-rate tax exempt amount for disability (§ 35 III EStG) for the child <i>Requirement: At least 25% disability, no nursing care allowance, no increase family allowance</i>) and no actual costs due to disability are asserted in Item 5.4.7 (<i>Note: No entry is to be made in items 5.4.3 and 5.4.7</i>) 5.4.2 I apply for the flat-rate tax exempt amount for dietary meals for the child because a provide the provided and the complexity of the child because and the provided and the complexity of the child because a set of the complexity of the child because a set of the complexity of the	%	
Diabetes, tuberculosis, coeliac disease, AIDS		
Biliary, liver, kidney disease Stomach disease, other internal disease	SK	
Stomach disease, other internal disease	SK .	
	from M M to M M 2020	
Stomach disease, other internal disease 5.4.3 I apply for the flat-rate tax exempt amount of € 262 per month for a significantly handicapped child for whom increased family allowance is received. I do not claim any actual costs under Item 5.4.7.	from M M to M M 2020	
 Stomach disease, other internal disease 5.4.3 I apply for the flat-rate tax exempt amount of € 262 per month for a significantly handicapped child for whom increased family allowance is received. I do not claim any actual costs under Item 5.4.7. (Note: No entry in Items 5.4.1, 5.4.2 and 5.4.7 is to be made) 5.4.4 Monthly payment of a care-related cash benefit to the amount of (In the case of user round receipt there is no tax owner of payment for disability.) 	from M M to M M 2020	
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Only for a child for whom you or your spouse/partner have received family allowance for at least 7 months in the assessment year, or for whom you are entitled to the support money deduction for at least 7 months (§ 106 of the Austrian Income Tax Act 1988). Item 5.3 is not affected thereby.

Original documents and vouchers: However, retain original documents and vouchers for at least 7 years for a possible inspection. Do **not** send us any additional documents as evidence with this declaration.

Declaration of correctness and completeness

I confirm with my signature that all information given is true. I am aware that incorrect or incomplete disclosure of information is punishable by law.

Tax representation (name, address, telephone/fax number)	
	Date, signature

