| [| To this | Receipt note | | | | | |
|--|---|--|--|--|--|--|--|
| | Tax Authority Austria Postcode 260 1000 Vienna, | Tip: You can also fill out and submit this paperless declaration via Finanz Online (bmf.gv.at) - around the clock and without special software. | | | | | |
| offices | Attachment L 1k for 2022 to form L 1 or E 1 for: • Family Bonus Plus (Point 3), mandatory to complete - even if you have already applied for it from your employer • Support money deduction (point 4), • Extraordinary burdens for children (point 5) | | | | | | |
| Privacy Policy at bmf.gv.at/datenschutz or on paper in all financial and customs offices | Subsequent taxation of the employer's allowar How do you fill out this form correctly? All information must be true In CAPITAL LETTERS and fill only with black or blue colour - amount fields in euros and cents | | | | | | |
| at bn nanc | 1. Information about the applicant | | | | | | |
| licy all fi | 1.1 10-digit Social Security Number according to e-card 1.2 T | 1.3 Date of birth (if no social security Fax number 1) number is available, in any case fill in) | | | | | |
| ivacy Pc paper in | | | | | | | |
| or on | 2. Child's details (a separate attachment L 1k must be completed for each child) | | | | | | |
| Ū | 2.1 FAMILY NAME OR LAST NAME | | | | | | |
| | | | | | | | |
| | 2.2 FIRST NAME | 2.3 10-digit social security no. of the child | | | | | |
| 200 | | | | | | | |
| 8 | 2.4 Date of birth (<i>if no social security</i> 2.5 European Health Insurance Card identification number, 2.6 Country of 2.6 Country of resi- | | | | | | |
| | number is available, in any case fill in) of residence i | if there is no social security number of the child ²) dence of the child ²) | | | | | |
| 99 | | | | | | | |
| | 3. Family Bonus Plus | | | | | | |
| | • The Family Bonus Plus must be applied for in an assessment in any case , even if it has already been taken into account by the employer. Otherwise, an unwanted additional payment may result. You can also apply for a different distribution than with the employer. | | | | | | |
| 200 | The Family Bonus Plus can only be taken into account once for each child and reduces income tax to no more than zero. If you apply for the Family Bonus Plus, please note that no more than the total Family Bonus can be claimed for each child. Otherwis the half is taken into account. Coordinate with the other parent to avoid requesting too much and there is no unwanted additional payment. | | | | | | |
| | | | | | | | |
| | You can use this supplement to apply for the Family Bonus Plus if your family circumstances were unchanged throughout 2022 and the child's country of residence has not changed in 2022: | | | | | | |
| | - Point 3.1 is to be completed if no maintenance payments (alimony) were to be paid for the child (e.g. child in a valid marriage) or for the child for which maintenance payments (alimony) were to be paid but No payments have been made in 2022. | | | | | | |
| | Point 3.2 must be completed if maintenance was of For special cases, please use form L 1k-bF | due for the child and this was paid in full for the entire year. | | | | | |
| at | 3.1 I have or my (marriage) partner has for the child in rec | ceived in 2022 no maintenance payments (alimony) | | | | | |
| bmf.gv.at | I receive family allowance and apply for it | half entire Family Bonus Plus | | | | | |
| hm | My (spouse) partner receives the family allowance an | nd I am applying for it half entire Family Bonus Plus | | | | | |
| | 32 Maintenance payments (alimony) were made fo | r the child in full for the entire year 2022 | | | | | |
| Q | I have received family allowance and full maintenance | e and am applying for it half entire Family Bonus Plus | | | | | |
| ium | I have paid full child support ³) and am applying for i | | | | | | |
| ster | 4. Support money deduction and maintenance payments 4.1 Support money deduction for a child who is not part of the household and for whom I have provided statutory maintenance | | | | | | |
| ini: | (fill in always both amount fields) | | | | | | |
| lesn nzer | Total maintenance paid in 2022: | Amount of the monthly maintenance obligation ⁴): | | | | | |
| Bundesministerium Finanzen | | | | | | | |
| ļi | Must be attached to Form L 1 field 1.2 not to be filled in. Enter the vehicle nationality sign of the country - e.g. A for Austria, D for Germany, H for Hungary, SK for Slovakia, SLO for Slovenia Point 4.1 must be completed in any case. | | | | | | |
| Right Store | 4) If the monthly maintenance obligation changes dur | ing the year, enter the average value . | | | | | |
| 87.J.E | L 1k-UK-2022 Federal Ministry of Finance - 12/2022 (ed. 202 | 22) L 1k, page 1, version from 01/08/2022 | | | | | |

bmf.gv.at 4

| Total maintenance payments for a child permanently living abroad (outside the EU, Switzerland, Norway, Liechtenstein and Iceland) and for which no support money deduction is due | | | | , |
|---|---------|---------------------|----|------|
| Period of maintenance payments | from | M until | MM | 2022 |
| Extraordinary burdens for the child ⁵⁾ | | | | |
| I claim extraordinary burdens for a child without disabilities (e.g. medical expenses) - less reimbursement and allowances | | | | , |
| I will bear the costs for the external vocational training (point 5.3) and the child's disability (point 5.4) in the percentage shown on the right | | 9 | 6 | , n |
| I am applying for the lump sum for external vocational training for the child <i>(for bearing the cost see Point 5.2)</i> | | | 4 | 0 |
| 5.3.1 Duration of external vocational training in months | | | | |
| 5.3.2 Postcode of the training location | 5 | | | |
| Information on the child's disability (see point 5.2 for bearing the costs) | 6 | | | |
| 5.4.1 I am applying for the flat-rate tax exempt amount for disability (Section 35 Para 3 Austrian Income Tax Act) for the child <i>Requirement: At least 25% disability, no nursing allowance, no increased family allowance</i>) and in point 5.4.7 no actual costs claimed due to disability (<i>Attention: No entry may be made in points 5.4.3 and 5.4.7</i>) | 5) | e of disabilit % | | |
| 5.4.2 I am applying for the flat-rate tax exempt amount for diet food for the child becau Diabetes, tuberculosis, celiac disease, AIDS Gall, liver, kidney disease | ise of: | | | |
| Diabetes, tuberculosis, celiac disease, AIDS | 39 | | | |
| Gall, liver, kidney disease | 5 | | | |
| Stomach disease, other internal disease | | | | |
| 5.4.3 I am applying for the flat-rate tax exempt amount of EUR 262 per month for a signifi- cantly disabled child for whom increased family allowance is required. I do not claim any actual costs under point 5.4.7. (Attention: No entry may be made in points 5.4.1, 5.4.2 and 5.4.7) | from M | V until | MM | 2022 |
| 5.4.4 Monthly receipt of a care-related cash benefit in the amount of | | | | |
| (with year-round reference, there is no tax exempt amount for disability according to point 5.4.1) | | | | , |
| Period of care-related cash benefit | from M | V until | MM | 2022 |
| 5.4.5 School fees for a special (care) school or workshop for the disabled | | | | , |
| 5.4.6 Irregular expenses for aids (e.g. wheelchair, hearing aid, aids for the blind) as well as costs of medical treatment (e.g. medical costs, medicines) <i>I deducted any reimbursements.</i> | ; | | | , |
| 5.4.7 Instead of the flat-rate tax exempt amount (point 5.4.1, 5.4.2 or 5.4.3), actual costs are claimed. T deducted any care-related cash benefits. (Attention: No entry may be made in point 5.4.1, 5.4.2, 5.4.3, 5.4.5 or 5.4.6.) If flat-rate tax exempt amounts are due, these values must be included in the calculation. | , | | | , |
| Subsequent taxation of the employer's allowance for childcare | | | | |
| 29 | | | | , |
| e employer's subsidy for childcare was wrongly left tax-free when calculating income tax. subsidy is taxable in the amount of | | | | |

Original documents and vouchers: Keep your original documents and vouchers for at least 7 years for possible verification. Please do not send us **any** additional supporting documentation with this statement.

Declaration of accuracy and completeness

I confirm with my signature that all information is correct. I acknowledge that inaccurate or incomplete information is punishable.

| Tax representative (name, address, telephone) | |
|---|-----------------|
| | |
| | |
| | Date, signature |

