

2022

To this

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.



Privacy Policy at bmf.gv.at/datenschutz or on paper in all financial and customs offices

Attachment L 1k-bF for 2022 to Form L 1 or E 1 for the Family Bonus Plus in special cases

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

- The fields with a strong border must be filled out
- Applicable points must be ticked

Additional information can be found in the L 1k-bF-Erl and in the tax book 2023 (bmf.gv.at)

1. Information about the applicant						
1.1 10-digit Social Security Number according to e-card	1.2 Tax number ¹⁾			1.3 Date of birth (if no social security number is available, in any case fill in)		
<input type="text"/>	<input type="text"/>			<input type="text"/>		
2. Child's details (a separate supplement L 1k-bF must be completed for each child)						
2.1 FAMILY NAME OR LAST NAME						
<input type="text"/>						
2.2 FIRST NAME				2.3 10-digit social security no. of the child		
<input type="text"/>				<input type="text"/>		
2.4 Date of birth (if no social security number is available, in any case fill in)			2.5 European Health Insurance Card identification number if no social security number is available			
<input type="text"/>			<input type="text"/>			
3. Family Bonus Plus in special cases (You can find more detailed explanations in the L 1k-bF-Erl form)						
In 2022 there were special circumstances that required a monthly consideration of the Family Bonus Plus - e.g.:						
<ul style="list-style-type: none"> • Separation of (marriage) partners in 2022 • Establishing a marriage or registered partnership in 2022 • Establishing a partnership that lasted more than six months in 2022 • Change of child's country of residence in 2022 • Child support has not been paid in full for the whole of 2022 • Death of (spouse) partner or child support payer in 2022 • Change in family allowance during the year 						
2022 Month	My relationship with the child			I am applying for the Family Bonus Plus		Child's country of residence ²⁾ in any case fill in
	I am a recipient of family allowance	I am the (marriage) partner of the parent entitled to family allowance	I am a support payer and am entitled to the support money deduction ³⁾	half	full	
January	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
February	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
March	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
April	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>

1) It must be attached to Form L 1 field 1.2 **not** to be filled in.
 2) For the country of residence, enter the vehicle nationality sign of the country an - e.g. A for Austria, D for Germany, H for Hungary, SK for Slovakia, SLO for Slovenia
 3) Point 4.1 in form L 1 k must be filled out in any case. Check the months for which you are entitled to the maintenance tax credit. You can find information in point 12 of the L 1k-bF-Erl. filling-in help.

bmf.gv.at

Bundesministerium
Finanzen





2022 Month	My relationship with the child			I am applying for the Family Bonus Plus		Child's country of residence ²⁾ in any case fill in
	I am a recipient of family allowance	I am the (marriage) partner of the parent entitled to family allowance	I am a support payer and am entitled to the support money deduction	half	full	
May	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
June	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
July	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
August	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
September	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
October	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
November	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
December	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>

Note

Original documents and vouchers

Keep your original documents and vouchers for at least 7 years for possible verification. Please send us **no** additional documents as proof with this declaration.

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

Please fill in the required information on the official form, this form is for translation assistance only.

