Postf	nzamt Osterreich fach 260) Wien	Tip: You can also fill out and subm this declaration electronically via Finan Online (bmf.gv.at) – around the cloc and without special software.	z
low t All ir In C amo	plement L 1ab for 2023 rm L 1 or E 1 for extraordinary burde to fill out this form correctly? Information must be complete and correct CAPITAL LETTERS and only fill with black or blu bount fields in euros and cents	 Fields with a bold fram Applicable points must In this statement, the is also permissible 	use of a recognised ethnic group langua
1.	Personal Data		
1.1	10-digit social security number according to e-card 1.2	Tax number ¹⁾	1.3 Date of birth (if there is no social security №, to be filled in at any rate)
2.	Extraordinary burdens (for each code,	please state only the total annual amou	int in euros and cents)
Extr	assert extraordinary burdens for children, please use raordinary burdens with deductibles s any reimbursements or remuneration received) Medical costs (incl. dental prostheses) Burial costs (unless covered by: estate assets reimbursements by the employer, asset transfer decease)	5, insurance benefits, tax-free	
2.3	Costs of treatment at a health resort after deducti saving for meals (full board) to the amount of \in 5	ion of a proportionate household	
2.4	Other extraordinary burdens not covered by 2.1 to	735	
Ext i 2.5	raordinary burdens without deductibles Disaster losses (less any reimbursements or ren	nunerations received) 475	
Extra in th	aordinary burden from 25 % disability or the case of long-term nursing care allowance	Applicant	Partner ²⁾
2.6	I request the tax-exempt amount for disability (<i>Requirement: at least 25 % disability, no nursing care allowance</i>) and no actual costs due to the disability (codes 439/418) are asserted	Level of disability ³⁾	Level of disability ³⁾
2.7	I apply for the flat-rate tax exempt amount for dietary meals due to the following illness (<i>Requirement</i> : <i>Degree of disability of at</i> <i>least</i> 25%, <i>of which at least</i> 20% <i>is attribut-</i> <i>able to the disability necessitating the diet</i>):	 Diabetes, tuberculosis, coeliac disease, AIDS Biliary, liver, kidney disease Stomach disease, other internal disease 	 Diabetes, tuberculosis, coeliac disease, AIDS Biliary, liver, kidney disease Stomach disease, other internal disease
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 due for disability in accordance with Point 2.6)	Start End M M to M M 2023	Start End M M M M M M
2.9	I apply for the flat-rate tax exempt amount for the motor vehicle registered to the person with special needs. There is a mobility restriction or an ID pursuant to Section 29b Austrian Road Traffic Regulations 1960.	Ves yes	Ves yes

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

2) Partners are spouses, registered partners. Furthermore, cohabiting partners with at least one child for whom family allowance was received for at least seven months (Section 106 para. 3 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 upon the request of the tax office.

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Extraordinary burden from 25 % disability or in the case of long-term nursing care allowance	Applicant	Partner
2.10 I assert demonstrable taxi costs due to an established mobility restriction in the absence of a motor vehicle registered to the person with special needs.	435	436
2.11 I claim non-periodical expenditures for aids, for example wheelchairs, hearing aids or aids for the blind, or costs of medical treatment such as medical expenses, medication. I have deducted any reimbursements received.	476	417
Actual costs due to a disability	Applicant	Partner
2.12 Instead of the flat-rate tax allowances for disability, I claim the actual expenditure, such as costs for a nursing home. I have deducted cash benefits received for care and prorated household savings of € 156.96 per month.	439	418 do in Points 26, 27, 20, 210 and 2.11

In this case, all positions must be calculated, and the final total must be entered in codes 439 or 418. To the extent that lump-sum tax allowances are due for dietary meals or for a motor vehicle due to restricted mobility or a passport pursuant to Section 29b Austrian Road Traffic Regulations, these amounts must be included in the calculation.

Notes

Original documents and receipts

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 acknowledge that incorrect or incomplete information is a punishable offence.

Tax representation (name, address, phone №)
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Date, signature
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