

# 2023

To the

Finanzamt Österreich  
Postfach 260  
1000 Wien

Tip: You can also fill out and submit this declaration electronically via Finanz Online (bmf.gv.at) – around the clock and without special software.

Data protection declaration on bmf.gv.at/datenschutz or on paper in all finance and customs offices

## Attachment L 1k-bF for 2023

### to Form L 1 or E 1 for the Family Bonus Plus in special cases

#### How to fill out this form correctly?

- All information must be complete and correct
- In CAPITAL LETTERS and only fill with black or blue colour - amount fields in euros and cents
- Fields with a bold frame must be filled in at any rate
- Applicable points must be ticked
- In this statement, the use of a recognised ethnic group language is also permissible

Supplementary information can also be found in the Tax Book 2024 (bmf.gv.at) and in the completion instructions L 2

1. Information about the applicant					
1.1 10-digit Austrian social security number according to e-card	1.2 Tax number <sup>1)</sup>	1.3 Date of birth (if <b>no</b> social security number is available, <b>in any case</b> 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 <b>no</b> social security number is available, <b>in any case</b> fill in)	2.5 European Health Insurance Card identification number, if no social security number is available		2.6 Child's country of residence <sup>2)</sup>		
<input type="text"/>	<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)					
<b>In 2023 there were special circumstances that required a monthly consideration of the Family Bonus Plus - e.g.:</b>					
<ul style="list-style-type: none"> <li>• Separation of (marriage) partners in 2023</li> <li>• Establishing a marriage or registered partnership in 2023</li> <li>• Establishing a partnership that lasted more than six months in 2023</li> <li>• Child support has not been paid in full for the whole of 2023</li> <li>• Death of (spouse) partner or child support payer in 2023</li> <li>• Change in family allowance during the year</li> </ul>					
2023 Month	My relationship with the child			I am applying for the Family Bonus Plus	
	I am a recipient of family allowance	I am the (marriage) partner of the parent entitled to family allowance	I am the alimony payer and am entitled to the support money deduction <sup>3)</sup>	half	full
January	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
February	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
March	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
April	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1) Field 1.2 is **not** to be completed as a supplement to Form L 1.  
 2) For the country of residence, enter the vehicle nationality letter 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. completion help.

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Bundesministerium  
Finanzen

2023 Month	My relationship with the child			I am applying for the Family Bonus Plus	
	I am a recipient of family allowance	I am the (marriage) partner of the parent entitled to family allowance	I am the alimony 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"/>
June	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
July	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
August	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
September	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
October	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
November	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
December	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



**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 N°)

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Date, signature

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

