



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.

2024



Attachment L 1k-bF for 2024 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 2025 (bmf.gv.at) and in the completion instructions L 2

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"/> D <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y			
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 for the child ²⁾	2.6 Country of residence			
<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<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)					
<p>In 2024 there were special circumstances that required a monthly consideration of the Family Bonus Plus - e.g.:</p> <ul style="list-style-type: none"> • Separation of (marriage) partners in 2024 • Establishing a marriage or registered partnership in 2024 • Establishing a partnership that lasted more than six months in 2024 • Child support was not paid in full in 2024 • Death of (marriage) partner or child support payer in 2024 • Change in family allowance during the year 					
2024 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 ³⁾	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"/>
May	<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.

2024 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 an alimony payer and I am entitled to support money deduction	half	full
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 Nº)

Date, signature

