

To

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)

2. Child's details (a separate supplement L 1k-bF must be completed for each child)

2.1 FAMILY NAME OR LAST NAME

2.2 FIRST NAME

2.3 10-digit social security no. of the child

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

3. Family Bonus Plus in special cases (You can find more detailed explanations in the L 1k-bF-Erl form)

In 2024 there were special circumstances that required a monthly consideration of the Family Bonus Plus - e.g.:

- 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 N°)

Date, signature

Please fill in the required information on the official form. This form is for transition assistance only.

