



PLEASE NOTE:

You may submit an application to disclose your FinanzOnline access credentials only by appearing in person at an office of the Tax Authority of Austria. When doing so, you must provide evidence that you cannot reasonably be expected to register for or use the e-ID (ID Austria) (Section 3a (3) FinanzOnline Ordinance 2006).

This form must be used to submit the application.

An application may be submitted by a legal representative or an agent holding a certified special power of attorney.

Applications for reset of access credentials for FinanzOnline may also be submitted online until 30/09/2026.

Note:

Effective from 1 October 2025, logging into FinanzOnline is permitted only with two-factor authentication. For further information, please visit <https://www.bmf.gv.at/public/informationen/2fa.html>.

Please fill in the form only in CAPITAL LETTERS, using only black or blue ink.

Fields with a bold frame must be completed by all applicants.

Disclosure of access credentials for FinanzOnline

Reset of the start password

User: natural person

FAMILY NAME OR LAST NAME

FIRST NAME

TITLE

10-digit Austrian social security number as appears on the e-card ¹⁾

Sex

female

intersex/
diverse/open

male

Date of birth (must be filled in by **all applicants** who do **not** hold a social security number)

DDMMYYYY

ADDRESS (street, building no., door no.)

Postcode

CITY/TOWN

tax number

User ID ²⁾ [8-12 characters, at least one letter (lowercase letters are also permitted), at least one numeric character, no umlauts, no special characters]

User's email address

User's mobile phone number

¹⁾ Please enter the full 10-digit insurance number issued by the Austrian social security agency.

²⁾ To be completed only if you are not an entrepreneur and are not requesting a reset to the start password or reset to the start supervisor.



Legal representative (Fill in only if applicable. Please provide the appropriate documentation attesting to your role as legal representative.)

FAMILY NAME OR LAST NAME AND FIRST NAME

ADDRESS (street, building no., door no.)

Postcode

CITY/TOWN

Function (e.g. person entrusted with guardianship, adult representative, health care proxy, trustee)

Digitized by srujanika@gmail.com

To verify your identity, we require a driving licence, passport, personal ID card, moped licence, apprentice ID card, student ID card, edu.card or disability pass.

<input type="checkbox"/> Driving licence	<input type="checkbox"/> Apprentice ID card	<input type="checkbox"/> edu.card
<input type="checkbox"/> Passport	<input type="checkbox"/> Student ID card	<input type="checkbox"/> Disability pass
<input type="checkbox"/> Personal ID card	<input type="checkbox"/> Moped licence	

Signature, company authorised signature

Number of document

Date of issue of document

D D M M Y Y Y Y

Confirmation of receipt of access credentials and initial information.

Date

D D M M Y Y Y Y

Signature

For official use by tax office only

 Application completed

