

Questionnaire for the refund of input VAT

1. Name of applicant/business name and address, telephone number, fax number, e-mail	
2. Type of business activity	
3. EU VAT identification number (EUBusinesses) and VAT identification number of country of residence	
4. Austrian mailing agent (name, address and telephone number) Note: compulsory for Liechtenstein and Switzerland	
5. In the case of partnerships it is required to indicate the name of an authorized representative (name, address and telephone number)	
6. Does the applicant have in the Republic of Austria (multiple answers possible)	If the answer to one of these questions is "yes", please indicate the competent tax office and the taxpayer identification number
a) a residence? <input type="checkbox"/> yes <input type="checkbox"/> no	
b) an habitual abode? <input type="checkbox"/> yes <input type="checkbox"/> no	
c) a registered office? <input type="checkbox"/> yes <input type="checkbox"/> no	
d) a permanent establishment? <input type="checkbox"/> yes <input type="checkbox"/> no	
e) a branch? <input type="checkbox"/> yes <input type="checkbox"/> no	
f) immovable property rented out? <input type="checkbox"/> yes <input type="checkbox"/> no	
7. What activities has the applicant carried out in Austria?	Detailed description of activity
a) Supplies of goods <input type="checkbox"/> yes <input type="checkbox"/> no	
b) Intra-Community acquisitions <input type="checkbox"/> yes <input type="checkbox"/> no	
c) Supplies of services <input type="checkbox"/> yes <input type="checkbox"/> no	
d) Supplies of contract work <input type="checkbox"/> yes <input type="checkbox"/> no	
8. Who have been the applicant's recipients of supplies of goods or services in Austria? (multiple answers possible)	
a) Private persons <input type="checkbox"/> yes <input type="checkbox"/> no	
b) Businesses (also foreign) <input type="checkbox"/> yes <input type="checkbox"/> no	
c) Corporate body under public law <input type="checkbox"/> yes <input type="checkbox"/> no	
9. Reverse charge scheme	
a) Has the recipient of your supplies of goods or services carried out in Austria become liable for VAT? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please attach a list of the recipients of your supplies of goods or services indicating the business names, addresses and, if applicable, the EU VAT identification number.	
b) Are you the debtor of VAT in connection with a supply of goods or services you carried out in Austria? <input type="checkbox"/> yes <input type="checkbox"/> no	
c) Has the VAT liability been shifted from another business to you as the recipient of supplies of goods or services carried out in Austria? <input type="checkbox"/> yes <input type="checkbox"/> no	

Place and date _____

Business signature / signature _____