To the Tax Office

[Signature]

Mr./Ms./Company

Date

If you have any queries, please contact:

Subject:

☐ Opening / Beginning    ☐ Expansion    ☐ Relocation

☐ of your self-employment

☐ of your commercial operation

☐ of your agricultural and forestry business

☐ of your rental or leasing activity

You are requested to return the completed questionnaire to the tax office within one month.

You are furthermore requested to prove your identity to the tax office.

You can do this within the set time limit during office hours, taking an identification document (passport, identity card, driving licence) with you, personally at the tax office (Information Centre), or by annexing the documents (copies) to this questionnaire.

The identity verification can also be carried out by the authorised party representative.

If you have acquired or leased an already existing business from the previous owner (by purchase, barter transaction, donation, etc.), you are requested to annex or present a copy of the relevant contractual agreement, from which the amount of the purchase price (or rent) and the name and address of the previous owner (transferor) or lessor, respectively, can be seen.

The following documents are also requested to be presented

[Signature]
Questionnaire

Family name or surname and first name and company name (if available)

Family status

- married/in registered partnership
- in domestic partnership
- single
- permanently separated
- divorced
- widowed

Residential address/registered office

Austrian Social Security Number (10-digit)  Date of birth  Daytime telephone number

I am/was already listed for tax purposes under the tax account number (tax office number – tax number)

- No
- Yes >

In addition to the income listed below, I receive income from to the amount of (please indicate expected amount for the current year)

Employment relationship/pension

I am a single earner or single parent: The single-earner/single-parent tax credit is (expected to be) due

Austrian Social Security Number of the spouse/partner  Date of birth

Place of exercise of the profession or occupation/place of management (please list further permanent establishments on a supplement)

For rental or letting activities: Address of the rented or let property (please list any further properties on a supplement)

(Precise) description of the activity/type of income (e.g. instead of trading in goods of all kinds > greengrocery)

Start of exercise of profession or occupation/activity on  Entry in the Register of Companies?  Company register №

- No
- Yes >

Business year for profit determination  Application pursuant to § 20 I of the Austrian Value Added Tax Act 1994

- No
- Yes (to be submitted)

The expected annual turnover in the opening year is Amount in €

The expected annual turnover in the following year is Amount in €

The expected profit in the opening year is Amount in €

The expected profit in the following year is Amount in €

Small entrepreneurs pursuant to § 6 I 27 of the Austrian Value Added Tax Act (USTG) 1994 (whose annual turnover does not exceed € 35,000) are requested to state whether they intend to apply for the standard taxation option pursuant to § 6 III of the Austrian Value Added Tax Act 1994.

- No
- Yes (see supplement)
- Yes (to be submitted)

Entrepreneurs who carry out only transactions that lead to exclusion from input tax deduction, or who pay taxes on their turnovers pursuant to § 22 of the Austrian Value Added Tax Act 1994 (average-rate taxation in the context of an agricultural and forestry business), are requested to complete Form U 15 (application for assignment of a turnover tax identification number) and annex it to the questionnaire if they require a VAT ID № for intra-Community deliveries or intra-Community acquisitions.

The other entrepreneurs will be assigned a VAT ID № ex officio.

Due to the activity carried out, the following taxes are also incurred

- Chamber contribution
- Motor vehicle tax
- Standardised consumption tax
- Chamber contribution

If Yes: Name, date of birth and address (please list any further genuine silent partners on a supplement)

- No
- Yes

I am represented by an attorney: Name, address of the authorised person

The authorised person invokes the power of attorney.

I enclose a power of attorney (photocopy)  The scope of the power of attorney is set out in the annexed letter.

I certify that the above information is correct and complete to the best of my knowledge and belief.

The identity and residence of the taxpayer have been confirmed to me by original documentary evidence.

Date, signature or company signature  or  Date and signature of the authorised representative