To the

Tax Office Austria
P.O. Box 260
A-1000 Vienna

Notice of receipt

Tip: You can also fill out and submit this declaration electronically via Finanz-Online (bmf.gv.at) – around the clock and without special software.

2020

Supplement L 1ab for 2020

to Form L 1 or E 1 for extraordinary burdens

How to fill out this form correctly?

- *All information must be complete and correct*
- *Please fill out in CAPITAL LETTERS and only in black or blue colour – amount fields in euros and cents*
- *Fields with a bold frame must be filled in at any rate.*
- *Applicable items must be ticked*

Supplementary information can also be found in the Tax Book 2021 (bmf.gv.at) and in the completion instructions L 2

Data Protection Policy at bmf.gv.at/datenschutz or in printed form at all tax and customs office locations

PLEASE DO NOT WRITE INTO THIS GREY FIELD

1. Personal Data

1.1 10-digit Austrian Social Security Number according to e-card

1.2 Tax identification number [1]

1.3 Date of birth *(if there is **no** social security Nº, to be filled in **at any rate**)* D D M M Y Y Y Y

2. Extraordinary burdens *(for each code, please state only the total annual amount in euros and cents)*

*To assert extraordinary burdens for children, please use **Supplement L 1k** for each child.*

Extraordinary burdens with deductibles *(less any reimbursements or remuneration received)*

2.1	Medical costs *(incl. dental prostheses)*	730
2.2	Burial costs *(unless covered by: Estate assets, insurance payments, tax-exempt reimbursements by the employer, asset transfer within the last 7 years before demise)*	731
2.3	Costs of treatment at a health resort *after deduction of a proportionate household saving for meals (full board) to the amount of € 5.23 per day*	734
2.4	Other extraordinary burdens not covered by 2.1 to 2.3	735

Extraordinary burdens without deductibles

2.5	Disaster losses *(less any reimbursements or remunerations received)*	475

Extraordinary burden from 25 % disability or in the case of long-term nursing care allowance	**Applicant**	**Partner** [2]
2.6 I request the tax exempt amount for **disability** *(Requirement: at least 25 % disability, no nursing care allowance)* and **no** actual costs due to the disability (codes 439/418) are asserted	Level of disability [3] %	Level of disability [3] %
2.7 I apply for the flat-rate tax exempt amount for **dietary meals** due to the following illness:	☐ Diabetes, tuberculosis, coeliac disease, AIDS ☐ Biliary, liver, kidney disease ☐ Stomach disease, other internal disease	☐ Diabetes, tuberculosis, coeliac disease, AIDS ☐ Biliary, liver, kidney disease ☐ Stomach disease, other internal disease
2.8 Nursing care allowance, allowance for blindness or other care-related cash benefits are received *(Note: In the case of year-round receipt, there is no allowance for disability in accordance with Item 2.6 due)*	Start M M to End M M 2020	Start M M to End M M 2020
2.9.1 I apply for the flat-rate tax exempt amount for the motor vehicle registered to the person with special needs. There is a restriction of mobility.	☐ yes	☐ yes
2.9.2 I apply for the flat-rate tax exempt amount for the motor vehicle registered to the person with special needs. A license card pursuant to § 29b StVO 1960 is available.	☐ yes	☐ yes

1) *Field 1.2 is **not** to be completed as a supplement to Form L 1.*

2) ***Partners** are spouses and registered partners. Furthermore cohabitees with at least one child for whom family allowance have been received for at least seven months (§ 106 III of the Austrian Income Tax Act 1988). They are hereinafter referred to as "partners" unless stated otherwise.*

3) *A disabled person's passport or decision on the disability classification is available and must be presented at the request of the tax office.*

bmf.gv.at

Bundesministerium Finanzen

Extraordinary burden from 25 % disability or in the case of long-term nursing care allowance	Applicant	Partner
2.10 I assert demonstrable **taxi costs** due to an established mobility restriction in the absence of a motor vehicle registered to the person with special needs.	435	436
2.11 I claim non-periodical expenditures for aids, for example wheelchairs, hearing aids or aids for the blind, or costs of medical treatment such as medical expenses, medication. **I have deducted any reimbursements received.**	476	417
Actual costs due to a disability	**Applicant**	**Partner**
2.12 **Instead of** the flat-rate tax allowances for disability, I claim the actual expenditure, such as costs for a nursing home. **I have deducted cash benefits received for care and prorated household savings of € 156.96 per month.**	439	418

Please note: *Where the actual costs of a disability are to be asserted, no entry may be made in Items 2.6, 2.7, 2.9.1, 2.9.2, 2.10 and 2.11. In this case, all positions must be calculated, and the final total must be entered in codes 439 or 418. To the extent that lump-sum tax allowances are due for dietary meals or for a motor vehicle due to restricted mobility or a passport pursuant to § 29b StVO, these amounts must be included in the calculation.*

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 am aware that incorrect or incomplete disclosure of information is punishable by law.

Tax representation (name, address, telephone/fax number)

Date, signature