

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

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

2021

Supplement L 1k for 2021 to Form L 1 or E 1:

- Family Bonus Plus (Item 3), filling out is mandatory even if already applied for at the employer
- Support money deduction (Item 4),
- Extraordinary burden for children (Item 5)
- Subsequent taxation of a grant by your employer to childcare costs (Item 6).

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.
- The appropriate items must be ticked

Supplementary information can also be found in the Tax Book 2022 (bmf.gv.at) and in the completion instructions L 2

| 1. Information on the applicant | | <u> </u> | | | | | | |
|--|--|---|--|--|--|--|--|--|
| 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 №, to be filled in at any rate) | | | | | | |
| | | DIXMXYYY | | | | | | |
| 2. Information on the child (a sep | arate Supplement L 1k is to be filled in fo | or each child) | | | | | | |
| 2.1 SURNAME | •• | V .07 | | | | | | |
| | | 6 | | | | | | |
| 2.2 FIRST NAME | 2.3/4 | 0-digit social security number of the child | | | | | | |
| | 7 | | | | | | | |
| 2.4 Date of high //fith are in the point 2.5 | | 255 | | | | | | |
| 2.4 Date of birth (if there is no social security No, to be filled in at any rate) if no Austrian Social Security Number is available 2.6 Country of residence of the child 2) | | | | | | | | |
| DDMMYYYY | | | | | | | | |
| 3. Family Bonus Plus | 60, 6 | | | | | | | |
| employer. Otherwise an undesired addition that requested from the employer. The Family Bonus Plus can be considered if If you apply for the Family Bonus Plus, plea Otherwise, in each case one-half will be concerned to the With this supplement you can apply for the child's country of residence did not change a Item 3.1 is to be filled in if no maintenar for whom maintenance (alimony) is payated. Item 3.2 is to be filled in if maintenance. If the status has changed in 2021, or if you | at not too much is applied for and that no unwa e Family Bonus Plus if your family circumsta l | a apply for a different apportionment than accome tax at most to zero. the full Family Bonus Plus can be claimed. Intelligent additional payment is imposed. Inces were unchanged in 2021 and the in currently valid marriage) or for a child in 2021. In account for the whole year. It is supplement L 1k-bF. | | | | | | |
| I receive family allowance and apply for | | alf the tull Family Bonus Plus | | | | | | |
| My spouse/partner receives the family allow | | alf the the full Family Bonus Plus | | | | | | |
| 3.2 Maintenance payments (alimonv) for the | ne child were paid to the full amount for the entir | re year 2021 | | | | | | |
| I have received the family allowance and fu | | alf the the full Family Bonus Plus | | | | | | |
| I have received full alimony payments $^{3)}$ an | d apply for ha | alf the the full Family Bonus Plus | | | | | | |
| 4. Support money deduction and | maintenance payments | | | | | | | |
| 4.1 Support money deduction for a child not living in the household, for whom I provided the statutory maintenance (always fill in both amount fields) | | | | | | | | |
| Total maintenance payments made in 2021 | Amount | t of the monthly support money debt ⁴⁾ : | | | | | | |

- Field 1.2 is **not** to be completed as a supplement to Form L 1.
- 2) Enter the vehicle nationality symbol of the country e.g. A for Austria, D for Germany, H for Hungary, SK for Slovakia, SLO for Slovenia
- 3) Item 4.1 must be completed in any case.
- If the monthly support money debt changes during the year, indicate the average value.



| 4.2 Total of the support money payments for a child who is permanently living abroad (outside the EU, the EEA and Switzerland) and for which no child allowance of support money deduction is due. | | | | | | | |
|---|-------------|----------|--------|----------|---------------|----------|---------|
| fron | n M | М | to | M | v : | 2021 | |
| Period of the maintenance payments | | 111 | | 111 | | | |
| 5. Extraordinary burdens for the child 5) | | | | | | | |
| | | | | | $\overline{}$ | | |
| 5.1 I claim extraordinary burdens for a child without a disability (e.g. medical expenses) – less reimbursements and allowances | | | | | <u></u> | , | |
| 5.2 I bear the costs for the external vocational training (Item 5.3) and the disability of the child (Item 5.4) to the following extent | | | | % | | 4 | 10 |
| 5.3 I apply for the flat rate for external vocational training of the child (for cost absorption see Item 5.2) | | |] | | - | 10 | |
| 5.3.1 Duration of the vocational training away from home in months | | | | | 0 | | |
| 5.3.2 Postal code of the place of training 5.3.3 Country of training (vehicle nationality symbol) 2) | I | | C. | 70 | × | | |
| 5.4 Information on the child's disability (for cost absorption see Item 5.2) | | 0. | | -60 | | | |
| 5.4.1 I apply for the flat-rate tax exempt amount for disability (§ 35 III EStG) for the | Leve | l of d | lisabi | lity | · | | |
| child Requirement: At least 25% disability, no nursing care allowance, no increased family allowance) and no actual costs due to disability are asserted in Item 5.4.7 (Note: No entry is to be made in items 5.4.3 and 5.4.7) | | | 3 | % | | | |
| 5.4.2 I apply for the flat-rate tax exempt amount for dietary meals for the child because | of: | | | | | | |
| Diabetes, tuberculosis, coeliac disease, AIDS Biliary, liver, kidney disease Stomach disease, other internal disease | | | | | | | |
| Biliary, liver, kidney disease | > | | | | | | |
| Stomach disease, other internal disease | | | | | | | |
| 5.4.3 I apply for the flat-rate tax exempt amount of € 262 per month for a significantly handicapped child for whom increased family allowance is received. I do not claim any actual costs under Item 5.4.7. (Note: No entry in Items 5.4.1, 5.4.2 and 5.4.7 is to be made) | n M | M | to | MI | / 2 | 2021 | |
| 5.4.4 Monthly payment of a care-related cash benefit to the amount of (In the case of year-round receipt, there is no tax exempt amount for disability pursuant to Item 5.4.1 due) | | | | | | , | |
| Period of care-related cash payment from | n M | М | to | M | 1 | 2021 | |
| 0, 0, | | | | | $\overline{}$ | <u> </u> | |
| 5.4.5 School fees for a special (nursing) school or sheltered workshop | | | | | | | |
| 5.4.6 Sporadic expenditure for aids (e.g. wheelchair, hearing aid, aids for the blind) as well as costs of the curative treatment (e.g. medical costs, medication) I have deducted any cost reimbursements. | | | | | | <u></u> | |
| 5.4.7 Instead of the flat rate tax allowances (Items 5.4.1, 5.4.2 or 5.4.3), actual expenses | | <u> </u> | | | | / | |
| are asserted. I have deducted any care-related cash benefits. (Note: No entry | | | | | | | |
| is to be made in Items 5.4.1, 5.4.2, 5.4.3, 5.4.5 or 5.4.6.) If and insofar as there is entitlement to flat-rate tax allowances, these values must be included into the calculation. | | | | | | | |
| 6. Subsequent taxation of the employer's grant for childcare | | | | | | | |
| | | | | | | | |
| The employer's grant for childcare was wrongly left tax-exempt in the wage tax calculation. The grant is to be taxed subsequently to the amount of | | | | | | , | |
| Enter the vehicle nationality symbol of the country – e.g. A for Austria, D for Germany, H for Hobor Only for a child for whom you or your spouse/partner have received family allowance for at left for whom you are entitled to the support money deduction for at least 7 months (§ 106 of the A not affected thereby. | east 7 | mon | ths in | n the a | ssess | ment | year, o |
| Original documents and vouchers: However, retain original documents and vouchers for at le not send us any additional documents as evidence with this declaration. | east 7 | year | s for | a poss | ible ii | nspect | ion. Do |
| Declaration of correctness and completeness I confirm with my signature that all information given is true. I am aware that incorrect or incomplete dis | sclosu | re of i | inforn | nation i | is pun | ishable | by law |
| Tax representation (name, address, phone N^{o}) | | | | | | | |
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