



Tax number

To the Tax Office

Mr./Ms./Company

Date

If you have any queries, please contact:

Subject:

Ticked as appropriate!

☐ 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

Please tick as applicable!



Family name or surname and first name and company name (if available)			
Family status			
<input type="checkbox"/> married/in registered partnership	<input type="checkbox"/> in domestic partnership	<input type="checkbox"/> single	
<input type="checkbox"/> permanently separated	<input type="checkbox"/> divorced	<input type="checkbox"/> 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)			
<input type="checkbox"/> No <input type="checkbox"/> Yes >			
In addition to the income listed below, I receive income from		to the amount of (please indicate expected amount for the current year)	
<input type="checkbox"/> Employment relationship/pension <input type="checkbox"/>		Amount in €	
<input type="checkbox"/> 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?	
		<input type="checkbox"/> No <input type="checkbox"/> Yes >	
Business year for profit determination		Application pursuant to § 20 I of the Austrian Value Added Tax Act 1994	
from	to	Number of staff (expected to be) number	
		employed in the business >	
The expected annual turnover in the opening year is		The expected annual turnover in the following year is	
Amount in €		Amount in €	
The expected profit in the opening year is		The expected profit in the following year is	
Amount in €		Amount in €	
Small entrepreneurs pursuant to § 6 I 27 of the Austrian Value Added Tax Act (UStG) 1994 (whose annual turnover does not exceed € 55,000) 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.			
<input type="checkbox"/> No <input type="checkbox"/> Yes (see supplement) <input type="checkbox"/> 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 N° for intra-Community deliveries or intra-Community acquisitions. The other entrepreneurs will be assigned a VAT ID N° ex officio.			
Due to the activity carried out, the following taxes are also incurred			
<input type="checkbox"/> Chamber contribution	<input type="checkbox"/> Motor vehicle tax	<input type="checkbox"/> Standardised consumption tax	<input type="checkbox"/>
A genuine silent partner holds an interest in the company: <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes: Name, date of birth and address (please list any further genuine silent partners on a supplement)			
<input type="checkbox"/> I am represented by an attorney: Name, address of the authorised person			
<input type="checkbox"/> I enclose a power of attorney (photocopy)		The authorised person invokes the power of attorney.	
		<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date, signature or company signature		Date and signature of the authorised representative	

