



Tax office

Please submit in triplicate to the tax office!

1 copy for the taxpayer  
1 copy for the foreign tax administration/payer/debtor  
1 copy for the Austrian Tax Administration

This form is machine-readable, so please write in BLOCK CAPITALS and use only black or blue ink. Amounts in EURO and cent (right-aligned). Only submit original forms, as copies cannot be read by machine. Entries outside the input fields cannot be read by machine either. The strongly emphasised fields must always be completed.

**Tax account number**

Tax office number - Tax identification number

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## Certificate of Residence

according to the Double Taxation Convention between Austria and

Tick if appropriate!

Name of the other Contracting State
This certificate is to be submitted with

### I. Information on the taxpayer

a) Full name in the case of <b>individuals</b> ; name and legal form (e.g. public limited company, private limited company, association, cooperative society, S.E.) in the case of <b>legal entities</b>	
b) Date of birth	
c) Registration number of the commercial register (if available)	
d) Social security number (if available)	
e) Full domestic address of the taxpayer	
f) Date of taking up a domicile/seat/place of management in Austria (this question has to be answered only if the domicile/seat/place of management in Austria has been taken up within the last two years)	
g) For individuals: Do you also have a permanent home (domicile) abroad?	<input type="checkbox"/> yes <input type="checkbox"/> no
h) For individuals: If there is a permanent home abroad: Do you have closer personal and economic relations (centre of vital interests) to Austria?	<input type="checkbox"/> yes <input type="checkbox"/> no
i) For legal entities: If the seat or place of management is abroad: Is the place of <b>effective</b> management in Austria?	<input type="checkbox"/> yes <input type="checkbox"/> no

II. Information on the foreign income to be relieved from tax

a) The taxpayer mentioned in section I derives income from (full name and full address of the debtor of income)	
b) Type of income (e.g. royalties, lecture fees)	
c) Effective or expected amount of income	
d) Date or period of time of income received	



I confirm that the information I have provided is **correct** and **complete** according to the best of my knowledge. I know that income from abroad can be subject to taxation in Austria and that incorrect or incomplete information is punishable. If I recognise later that the preceding information is incorrect or incomplete I will inform the tax office without delay.

Taxpayer's signature

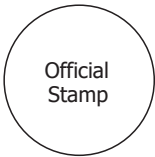
To be filled in by the tax office only!

III. Certificate of Residence of the Austrian Tax Administration

Taxpayer's name
For the purposes of tax relief concerning the types of income mentioned in section II, it is hereby confirmed that the before mentioned taxpayer is a resident of Austria in the meaning of the Double Taxation Convention between Austria and
Name of the other Contracting State
and that the information concerning the taxpayer provided in section I is correct according to the knowledge of the signatory.

Place and date

Signature



Certifying authority

First name, last name

