To the Tax Office Bruck Eisenstadt Oberwart Neusiedlerstraße 46 7001 Eisenstadt

CLAIM FOR REPAYMENT OF AUSTRIAN WITHHOLDING TAX

under the tax treaties concluded by Austria

according to sec. 21 para. 1 subpara. 1a KStG 1988

according to sec. 6 KStG 1988 (Exemption for foreign pension funds)

for the year:

1. State

Please indicate here your State of residence

2. Information on the claimant

Tax Identification Number of the claimant's residence state or, if not available, a similar identification number	
Full name, date of birth (in case of individuals) Firm, trade register number or similar of the claimant 's residence state (in case of legal persons)	
Legal form (in case of legal persons: e.g. stock corporation, association)	
Address (post code, town, street, number) telephone or fax number, e-mail-address	
Representative (if any) (name, address) telephone or fax number, e-mail-address	
	 mandate for cash receipts mandate for postal deliveries power of attorney

3. Computation of repayment amount

DIVIDENDS (according to Sheet A)	Repayment under tax treaties	
	Repayment according to sec. 21 para. 1 subpara. 1a KStG 1988	
	Repayment according to sec. 6 KStG 1988	
ROYALTIES (according to Sheet B)		
OTHER INCOME (according to Sheet C)	
REPAYMENT AMOUNT		

4. Residence certificate of the foreign tax administration

For the purpose of obtaining tax relief in Austria the following is certified: Within the meaning of the Double Taxation Convention Austria has concluded with the State indicated in Section 1, the claimant was a resident of that State on the date(s) when the income was received (Section 3) and the information on the claimant (Section 2) is in accordance with our knowledge.

BUNDESMINISTERIUM

Date

Stamp

Signature

To be filled in by the claimant

(all amounts in Furo)

Entry stamp

of the Austrian tax authority

File No. of the Austrian tax authority:

5. Information concerning the transfer of the repayment amount

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The claimant requests to transfer the repayment amount to the account

IBAN (International Bank Account Number)				
account holder				
financial institution	BIC (Bank Identifier Code)			
address (financial institution)				

6. Declaration by the claimant

I declare that to the best of my knowledge the above-mentioned statements are correct and complete. I recognize that the statements will be verified and incomplete or incorrect statements are punishable. In case I retrospectively recognize that the above-mentioned statements are incorrect or incomplete, I will notify Tax Office without delay (§ 139 Bundesabgabenordnung).

Place and Date

Signature

7. Leave blank for the Austrian tax authority

repayment amount Euro	Euro	
+ interest		Euro
total repayment amount	Euro	
date	signature	authorization

