

# Questionnaire for the refund of input VAT

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| <b>1. Name of applicant/business name and address, telephone number, fax number, e-mail</b>  |   |
| <b>2. Type of business activity</b>  |   |
| <b>3. EU VAT identification number (EUBusinesses) and VAT identification number of country of residence</b>  |   |
| <b>4. Austrian mailing agent</b> (name, address and telephone number) Note: compulsory for Liechtenstein and Switzerland   |   |
| <b>5. In the case of partnerships it is required to indicate the name of an authorized representative</b> (name, address and telephone number)   |   |
| <b>6. Does the applicant have in the Republic of Austria</b><br>(multiple answers possible)  | If the answer to one of these questions is "yes", please indicate the competent tax office and the taxpayer identification number |
| a) a residence? <input type="checkbox"/> yes <input type="checkbox"/> no   |   |
| b) an habitual abode? <input type="checkbox"/> yes <input type="checkbox"/> no   |   |
| c) a registered office? <input type="checkbox"/> yes <input type="checkbox"/> no   |   |
| d) a permanent establishment? <input type="checkbox"/> yes <input type="checkbox"/> no   |   |
| e) a branch? <input type="checkbox"/> yes <input type="checkbox"/> no  |   |
| f) immovable property rented out? <input type="checkbox"/> yes <input type="checkbox"/> no   |   |
| <b>7. What activities has the applicant carried out in Austria?</b>  | Detailed description of activity  |
| a) Supplies of goods <input type="checkbox"/> yes <input type="checkbox"/> no  |   |
| b) Intra-Community acquisitions <input type="checkbox"/> yes <input type="checkbox"/> no   |   |
| c) Supplies of services <input type="checkbox"/> yes <input type="checkbox"/> no   |   |
| d) Supplies of contract work <input type="checkbox"/> yes <input type="checkbox"/> no  |   |
| <b>8. Who have been the applicant's recipients of supplies of goods or services in Austria?</b> (multiple answers possible)  |   |
| a) Private persons <input type="checkbox"/> yes <input type="checkbox"/> no  |   |
| b) Businesses (also foreign) <input type="checkbox"/> yes <input type="checkbox"/> no  |   |
| c) Corporate body under public law <input type="checkbox"/> yes <input type="checkbox"/> no  |   |
| <b>9. Reverse charge scheme</b>  |   |
| a) Has the recipient of your supplies of goods or services carried out in Austria become liable for VAT? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If yes, please attach a list of the recipients of your supplies of goods or services indicating the business names, addresses and, if applicable, the EU VAT identification number. |   |
| b) Are you the debtor of VAT in connection with a supply of goods or services you carried out in Austria? <input type="checkbox"/> yes <input type="checkbox"/> no   |   |
| c) Has the VAT liability been shifted from another business to you as the recipient of supplies of goods or services carried out in Austria? <input type="checkbox"/> yes <input type="checkbox"/> no  |   |

Place and date

Business signature / signature