

Please read the remarks and explanations before completing and mark or complete the appropriate boxes. Fields marked with \* are mandatory.

a	<b>Tax declaration pursuant to section 12 Luftverkehrsteuergesetz (LuftVStG) [Aviation Tax Act]</b>		
	<b>To: Hauptzollamt [Main Customs Office]</b>	For official use (Entry stamp - main customs office)	
b	Name or company designation*		
	Legal form*	Date of establishment*	
	Country*	Postcode*	Place*
	Street*		House number
	Locality		Address supplement
	Identification numbers specific to the procedure		
	Is there an aviation tax number?		Yes <input type="radio"/> No <input type="radio"/>
	Aviation tax number*		
	Is there a participant No (VVST number)?		Yes <input type="radio"/> No <input type="radio"/>
	Participant No (VVST number)		
c	<b>General contact details of the person represented</b>		
	Email address*		
	Phone number*		
d	<b>Entry in the Register</b>		
	Have there been any changes since the last application or is it a first-time application?*		Yes <input type="radio"/> No <input type="radio"/>
	Type of register*	Register number*	
	Register court*		
h	<b>Authorisation to act as a receiving agent</b>		
	Another natural or legal person is authorised to receive correspondence.*		Yes <input type="radio"/> No <input type="radio"/>
	Have there been any changes since the last application or is it a first-time application?*		Yes <input type="radio"/> No <input type="radio"/>

Full authorisation to act as a receiving agent for all legal areas?*		Yes No <input type="radio"/> <input type="radio"/>
For the following areas (multiple selection possible):*		
<input type="radio"/> Alcohol tax, sparkling wine tax, intermediate product tax and coffee tax		
<input type="radio"/> Alcopop tax		
<input type="radio"/> Beer tax		
<input type="radio"/> Energy tax		
<input type="radio"/> Aviation tax		
<input type="radio"/> Electricity tax		
<input type="radio"/> Tobacco tax		
<input type="radio"/> Wine tax		
Other restrictions		
<b>Information regarding the receiving agent</b>		
Name or company designation*		
Legal form*	Date of birth*	
Country*	Postcode*	Place*
Street*		House number
Locality		Address supplement
Participant No (VVST number) of the receiving agent (if any)		
<b>General contact details of the receiving agent</b>		
Email address*		
phone number*		
<b>Entry in the register of receiving agent</b>		
Have there been any changes since the last application or is this a first-time application?*		Yes No <input type="radio"/> <input type="radio"/>
Type of register*	Register number*	
Register court*		

1. Name of contact person:\*

Phone number:\*

Fax number:

Email address:\*

**Tax declaration pursuant to  
section 12 Luftverkehrsteuergesetz (LuftVStG) [Aviation Tax Act]**

1.1  Tax declaration for the aviation tax \*

Tax correction of the tax declaration for the aviation tax\* for the period  
from\* to\*

**2. tax declaration, tax return (GB)**

2.1  I am submitting the tax declaration as an air carrier\*

I am submitting the tax declaration as a tax representative\*

2.2 for the following air carrier: Name\*

Name\*:

Country\*:

Postcode\*:

Place\*:

Street\*:

House number:

Locality address:

Suffix legal form:

2.3 Do you have an aviation tax number for the represented  
air carrier?

Yes No

Aviation tax number of the represented air carrier

2.4  The air carrier is registered pursuant section 12(1) LuftVStG\*

The air carrier is not registered pursuant section 12(3) LuftVStG\*

3. Registration code:

3.1

Note: To be completed in the case of a tax declaration or a tax correction. In the case of a tax correction, indicate the registration number of the tax declaration to which the tax correction relates

LVA

Tax-type	Consecutive number	Aviation tax Number* (air carrier)	Month	Year	Office number
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3.2

Note: Only to be completed in addition to field 3.1 in the case of a tax correction.

LVB

Tax-type	Consecutive number	Aviation tax Number* (air carrier)	Month	Year	Office number
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4. Mandate reference number  
(Sepa direct debit mandate of company)

5. Carriage of passengers on the basis of taxable legal transactions

Note: In the case of a tax correction, only the differences with the original tax return (if applicable, the one already corrected) are to be indicated. In the case of reductions, the amount stated must be prefixed by the minus sign (in the column "Number of passengers carried").

Number of passengers carried	Tax rate (EUR)	Tax amount EUR
	12,73 (Countries in Annex 1 to section 11 LuftVStG except island flights pursuant to section 11(3) LuftVStG)	
	2,55 (Island flights pursuant to section 11(3) LuftVStG)	
	32,25 (Countries in Annex 2 to section 11 LuftVStG)	
	58,06 (Other countries pursuant to section section 11(1) No 3 LuftVStG)	
<b>Total amount</b>		

6. Tax-exempt legal transactions

Note: In the case of a tax correction, only the differences with the original tax return (if applicable, the one already corrected) are to be indicated. In the case of reductions, the amount stated must be prefixed by the minus sign.

Type of exempted legal transactions	tax rate 12,73 EUR (countries in Anx 1 to §11 LuftVStG including island flights under §11(3) LuftVStG)	tax rate 32,25 EUR (countries in Anx 2 to §11 LuftVStG)	tax rate 58,06 EUR (other countries)
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Tax exemption pursuant to section 5 No 1 LuftVStG (passengers under 2 years of age)

Tax exemption pursuant to section 5(2) LuftVStG (military or sovereign purposes)

Tax exemption pursuant to section 5(3) LuftVStG (renewed departure after aborted flight)

Tax exemption pursuant to section 5(4) LuftVStG (domestic islands, general interest only)

Tax exemption pursuant to section 5(6) LuftVStG (medical purposes)

Tax exemption pursuant to section 5(7) LuftVStG (round trip flight)

Tax exemption pursuant to section 5(8) LuftVStG (flight crew)

7. Bank details for tax relief account holder

IBAN:

BIC

Bank

8. Do you want to enclose an attachment?

Yes No

8.1 Name of the attachment(s):

8.2 I certify that the information provided is complete and correct to the best of my knowledge and belief and that the number of passengers carried allocated to each destination agrees with the records kept for tax purposes\*

Place, date, legally binding signature

Name in block capitals,  
position in company

9.

Result of the first examination at the office no

- objections objections
- concerning
- correction suggested Date: late
- filing penalty
- tax assessment
- reference to other: not fillable

The total amount (row 5) is to be booked under key figure 47000.

_____	_____	due on		
mathematically correct	factually correct	Reminder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Dunning costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date, signature(s)		Dunning fees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		Secured	<input type="checkbox"/> Yes	<input type="checkbox"/> No