

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

a	Tax declaration pursuant to section 12 Luftverkehrsteuergesetz (LuftVStG) [Aviation Tax Act]		
	To: Hauptzollamt [Main Customs Office]		For official use (Entry stamp - main customs office)
b	Name or company designation of the person(s) represented*		
	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 No <input type="checkbox"/> <input type="checkbox"/>
	Aviation tax number*		
	Is there a participant No (VVST number)?		Yes No <input type="checkbox"/> <input type="checkbox"/>
	Participant No (VVST number)		
b.b.	Information on the representation relationship		
	Nature of the representation relationship		
	Name or company designation of the representative*		
	Legal form*	Date of establishment*	
	Country*	Postcode*	Place*
	Street*		House number
	Locality		Address supplement
	Participant No (VVST number) of the party represented (if any)		

General contact details of the representative	
Email address*	
Phone number*	
Register entry of the representative	
Have there been any changes since the last application or is it a first-time application?*	
<div style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>	
Type of register*	Register number*
Register Court*	
Scope of the representation relationship	
Have there been any changes since the last application or is it an first-time application by the external representative?*	
<div style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>	
Full authorisation to act as a receiving agent for all legal areas?*	
<div style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>	
For the following areas (multiple selection possible):*	
<input type="checkbox"/> Alcohol tax, sparkling wine tax, intermediate product tax and coffee tax <input type="checkbox"/> Alcopop tax <input type="checkbox"/> Beer tax <input type="checkbox"/> Energy tax <input type="checkbox"/> Aviation tax <input type="checkbox"/> Electricity tax <input type="checkbox"/> Tobacco tax <input type="checkbox"/> Wine tax	
Other restrictions	
c	General contact details of the person represented
	Email address*
	Phone number*
d	Entry in the Register of the represented person
	Have there been any changes since the last application or is it a first-time application?*
	<div style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>
	Type of register* Register number*
	Register court*
h	Authorisation to act as a receiving agent
	The representative is authorised to receive correspondence.*
	<div style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>
	Another natural or legal person is authorised to receive correspondence.*
	<div style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>
	Have there been any changes since the last application or is it a first-time application?*
	<div style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>

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

Name or company:

Aviation tax number:

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 aviation tax*

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

2. Tax declaration

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*:

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*

Name or company:

Aviation tax number:

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
	12,48 (until 30 April 2024)	
	15,53 (from 1 May 2024)	
	(Countries in Annex 1 to section 11 LuftVStG except island flights pursuant to section 11(3) LuftVStG)	
	2,50 (until 30 April 2024)	
	3,11 (from 1 May 2024)	
	(Island flights pursuant to section 11(3) LuftVStG)	
	31,61 (until 30 April 2024)	
	39,34 (from 1 May 2024)	
	(Countries in Annex 2 to section 11 LuftVStG)	
	56,91 (until 30 April 2024)	
	70,83 (from 1 May 2024)	
	(Other countries pursuant to section section 11(1) No 3 LuftVStG)	
	Total amount	

Name or company:

Aviation tax number:

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	tax rate	tax rate
	12,48 EUR (until 30 April 2024)	31,61 EUR (until 30 April 2024)	56,91 EUR (until 30 April 2024)
	15,53 EUR (from 01 Mai 2024) (countries in Anx 1 to §11 LuftVStG including island flights under §11 Abs. 3 LuftVStG)	39,34 EUR (from 01 Mai 2024) (countries in Anx 2 to §11 LuftVStG)	70,83 EUR (from 01 Mai 2024) (other countries)
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 flights)			
Tax exemption pursuant to section 5(8) LuftVStG (flight crew)			

Name or company:

Aviation tax number:

7. Bank details for tax relief account holder

IBAN:

BIC

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

Yes No

Dunning costs

Yes No

Date, signature(s)

Dunning fees

Yes No

Secured

Yes No