•	To the tax office	Receipt stamp or date				
	To the tax office					
1						
21	ax number					
	Questionnaire for tax collection					
	Questionnane for tax concetion					
3	Taking up a commercial, self-employed (freelance) or agricultural and forestry activity. Participatio	n in a partnership / community				
1201						
201700501201 sp	- Please only answer the questions on Section 1, Section 2 - only paragraph 2.6, Section 3 and Section 8 -					
20	- Flease only answer the questions on Section 1, Section 2 - only paragraph 2.0, Section 3 and Section 6 -					
	1. General information					
	1.1 Taxpayer / Participant					
	Sumame First name					
5						
	Maiden name if applicable					
6th						
	Regular occupation	Date of birth				
7th	XX					
	Street					
8th						
_	House number House number addition Address completion					
9	Part Carlo					
10	Post Code place of residence					
10	Post Code Place (P.O. Box)	Post office box				
11	Place (P.U. Box)	Post office box				
	Identification Number	Religion key:				
12 id	entification number	Evangelical = EV Roman Catholic = RK religion				
	not sul	bject to church tax = VD for more see fill-in aid				
	Challes of a series a facilitated side and series (D. 1. DO 1811)					
	Status of marriage / registered civil partnership (Date = DD.MM.YYYY) Married / Registered since	Lister and another than				
13th	Married / Registered since Widowed since Divorced / annulled since	Living separately since then				
1301						
	1.2 Spouse / registered life partner					
	Surname					
14th						
	Maiden name if applicable					
15th						
40	Regular occupation	Date of birth				
16						
474	If different from lines 8 and 10: Street					
17th	House number House number addition Address completion					
18th	Trouse number adminds Address completion					
.001	Post Code place of residence					
19th		Policion kov				
	Identification Number	Religion key: Evangelical = EV Reman Cathelia = PK				
20 id	entification number not sul	Roman Catholic = RK bject to church tax = VD religion				
	1.3 Communication links Phone:					
	International dialling code National code Phone number					
21st						
	International dialling code National code Phone number					
22nd						
22	e-mail					
23	Internet address					
24						
	1.4 Type of activity (exact description of the branch of industry)					
25th						
∠otn						
26th						

tax	number
1.5	5 Bank account (s) for tax refunds / SEPA direct debit All tax refunds should be sent to the following bank
acc	ount:
	N (domestic bank)
7 DE	
- 1	N (foreign financial institution)
8	
9	for line 28
.5	Account holder possibly different account holder (s)
0th	Account notes
	according to line 5 according to line 14 or:
	ersonal tax refunds .g. income tax) should be sent to the following bank account:
	N (domestic bank)
1 DE	
IBAI	N (foreign financial institution)
2	
BIC	for line 32
33	
	Account holder possibly different account holder (s)
4	according to line 5 according to line 14 or:
Bu	usiness tax refunds
	g. sales tax, wage tax) should be sent to the following bank account:
	N (domestic bank)
5 DE	
- 1	N (foreign financial institution)
36	
	for line 26
37	
18	Account holder possibly different account holder (s)
~	according to line 5 according to line 14 or:
W	ould you like to SEPA direct debit, the easiest payment method for both parties?
	ould you like to SEPA direct debit, the easiest payment method for both parties? Yes. The completed SEPA direct debit mandate is attached.
39	Yes. The completed SEPA direct debit mandate is attached.
39 40 1.6 T a	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes
39	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes
39 40 1.6 Ta	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes
10 1.6 Ta	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes
01.6 Ta comp	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes
01.6 Ta comp	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name
or Summer 22	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name
9 0 1.6 Ta comp	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name
or Surrel Street 33 House 144	Yes. The completed SEPA direct debit mandate is attached. Ax advice No Yes Trist name House number addition Address completion
orp Sume Street	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name House number addition Address completion
11 or sums 12 Street 14 Post 15 Street 15 Stre	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name et t Code place
11 or sums 12 Stree 14 Post 15	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name House number addition Address completion
9 0 1.6 Ta comp 1 or Surna 2 Stre 3 House 4 Posi 6	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes Prist name It Code Place (P.O. Box) Pest office box
or Surnal 1.4 Post 1.5 Post 1.6 Table 1.1	Yes. The completed SEPA direct debit mandate is attached. ax advice No Ves Trist name First name It Code Place (P.O. Box) Post office box Prost office box
or Summer	Yes. The completed SEPA direct debit mandate is attached. ax advice No Ves Trist name First name It Code Place (P.O. Box) Post office box Prost office box
11 Or Suma 12 Stree 14 Pos: 15 Pos: 16 Corpho Inter	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name First name It Code Place (P.O. Box) Place (P.O. Box) Phone number National code Phone number
9 0 1.6 Ta comp 1 or Suma 2 Stre 3 Hour 4 Pos: 5 Pos: 6 Cor Pho Inter 7	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name First name It Code Place (P.O. Box) Place (P.O. Box) Phone number National code Phone number
9 0 1.6 Ta comp 1 or Suma 2 Stre 3 Hour 4 Pos: 5 Pos: 6 Cor Pho Inter 7	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name First name It Code Place (P.O. Box) Place (P.O. Box) Phone number National code Phone number
9 0 1.6 Ta comp 1 or Suma 2 Stre 3 Hour 4 Pos: 5 Pos: 6 Cor Pho Inter 7	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name First name It Code Place (P.O. Box) Place (P.O. Box) Phone number National code Phone number
10 1.6 Ta complete of the comp	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name First name It Code Place (P.O. Box) Place (P.O. Box) Phone number National code Phone number
10 1.6 Ta complete of the comp	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name First name It Code Place (P.O. Box) Place (P.O. Box) Phone number National code Phone number
10 1.6 Ta compliant or suma 12 Stree 14 Post 15 Post 16 Corpho Internal 17 e-m.	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name First name It Code Place (P.O. Box) Place (P.O. Box) Phone number National code Phone number
11 or suma 12 Stree 14 Pos: 15 Pos: 16 Corpho Inter	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name First name It Code Place (P.O. Box) Place (P.O. Box) Phone number National code Phone number
10 1.6 Ta compliant or suma 12 Stree 14 Post 15 Post 16 Corpho Internal 17 e-m.	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name First name It Code Place (P.O. Box) Place (P.O. Box) Phone number National code Phone number
10 1.6 Ta compliant or suma 12 Stree 14 Post 15 Post 16 Corpho Internal 17 e-m.	Yes. The completed SEPA direct debit mandate is attached. ax advice No Yes First name First name It Code Place (P.O. Box) Place (P.O. Box) Phone number National code Phone number

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	tax number
	1.7 Authorized recipient for all types of taxes
49	The tax advice given under point 1.6 is authorized to receive the goods.
	or
50	l company
	or
1203	Surname First name
5 5	Street Street
52	2
50 50210900240 52 53 54 55	House number House number addition Address completion
53	
54	Post Code place
	Post Code Place (P.O. Box) Post office box
55	
	Communication links Phone:
56	International dialling code National code Phone number
	e-mail
57	
58	The separate Power of attorney is attached. The display of the Power of attorney follows via the power of
59	attorney database (K-VDB).
3.	
60	1.8 Previous personal circumstances Moved in on (DD.MM.) If you moved in within the last 12 months:
	Street
61	House number House number addition Address completion
62	
	Post Code place of residence
63	
64	
	Have you (or, if applicable, your spouse / registered partner) been recorded for income tax purposes in the past three years?
	Tax office
65	No Yes tax number
66	
	2. Information on commercial, self-employed (freelance) or agricultural and forestry activity
	2.1 Company address
67	designation designation
	Street
68	
69	House number House number addition Address completion
	Post Code place
70	
_	Post Code Place (P.O. Box)
7′	possibly different place of management
	Street
72	House number House number addition Address completion
73	
	Post Code place
74	Communication links
	Phone:
75	International dialling code National code Phone number
	e-mail
76	
77	Internet address

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	tax number				
78 2 .	2 Start of activity (including prep	paratory activities)	(DD.MM.YYYY)		
	2.3 Business premises				
79 Ar	e there operating facilities in several mu serial no.	designation N	o		
80	Yes 001	Address, street			
81		House number House number addition	Address completion		
82		Post Code place			
83		Phone: International dialling code National code	Phone number		
84					
85	serial no.	designation			
86		Address, street			
87		House number House number addition	Address completion		
88		Post Code place			
89		Phone: International dialling code National code	Phone number		
90		With more than two locations:	separate list is attached.		
	2.4 Entry in the commercial regis	ster			
91	Yes since	N	o Registration is intended. Application filed with the		
92			commercial register on		
93	at the local court		(DD.MM.YYYY)		
94	place				
95	Registration number				
	2.5 Form of incorporation (If	necessary, please enclose the relevant contracts!)	(Date = DD.MM.YYYY)		
96	Start-up on		Relocation to		
97	Takeover (e.g. purchase, lease inheritance, gift) on		Merger to new foundation or other DDMMYYYYY Foundation process for		
98	Previous company: Company				
99	Or Sumame		First name		
100	Street				
101	House number House numb	er addition Address completion			
102	Post Code place				
103	Tax office		tax number		
104	VAT identification number, if applicable				

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		tax number						
		2.6 Previous operating conditions						
201700501205		Has a trade, a self-employed (freelance corporation?	e) or an agricultural or forestry activity b	peen carried out in the last five years or ha	ave you held a share in a partnership o	or at least 1% in a		
			Type of activity / participation					
	105	No Yes	place					
00501205	106							
2017	107		Duration from	to	(DD.MM.YYYY)			
	100		Tax office		tax number			
	100		VAT identification number, if applicable					
	109							
		3. Information on determining	ng the advance payments (income tax, trade tax)					
		3.1 Expected income out	in the year of the cor Taxpayer EUR	npany opening Spouse / life partner EUR	in the fol Taxpayer EUR	lowing year Spouse / life partner EUR		
	110	Agriculture and Forestry						
	111	Commercial enterprise						
	112	Freelancer		4				
	113	Salary work						
	114	Capital assets						
	115	Rental and Lease						
	116	Other income (e.g. pensions)						
		3.2 Expected						
	117 sp	height the ecial editions						
	118 Ta	x Deductions	*					
		4. Information on determining	the profit					
	119 Ty	pe of profit determination	Income surplus calculation					
	120		Asset comparison (balance sheet	et) to be tro	re sheet is in accordance with Section 5b (1) s ansmitted by remote data transmission			
	121		Determination of profits accord	data red				
	122							
		Is there a financial year that deviates fr	rom the calendar year?					
	123		No Yes,	Beginning	(DD.MM.YYYY)			
		5. Certificate of exemption a	ccording to § 48b Income Ta	x Act (EStG)				
		The leaflet on tax deduction for constru	uction work is available for download on	the Internet at www.bzst.de. You can als	so get it from your tax office.			
	124	I apply for a certificate for exem	ption from tax deduction for constructio	n work in accordance with Section 48b of	the Income Tax Act.			
		6. Information on registration number of employees (including	n and payment of wage tax	a) of which family	b) of which slig	httv		
	125 ter	nporary workers) All in all		relatives	Employee			
126 Start of wage payments (DD.MM.YYYY)								
	407 (Registration period	per month	quarterly	yearly (not me	ore than 1,080 EUR)		
	127 (e	stimated income tax in the calendar year)	(more than 5,000 E	UR) (more than 1,0	USU EUR) (not me	ore mail 1,000 EUR)		

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x number					
ne wage components relevant for the	wage calculation are summa	arized in the company / part of the company:			
esignation					
reet					
loct					
ouse number House number	er addition	Address completion			
ost Code place					
. Information on registratio	n and payment of sal	les tax			
.1 Total sales (estimated)	in the year	r of the company opening	in the following year EUR		
(estimated)					
			4		
.2 Sale of business as a wh	ole (Section 1 (1a) of t	the Value Added Tax Act (UStG))			
company or a company managed se	eparately in the structure of a	company was acquired:			
No Yes	(see entries for pa	paragraph 2.5 takeover)			
.3 Small business regulation	nn -		.(/)		
		not exceed the limit of EUR 17,500. The small	business regulation (§ 19 Abs. 1 UStG) is	s used.	
No sales tax is shown separate					
		AT returns are generally not to be submitted.			
The total sales projected for the	calendar year will probably n	not exceed the limit of EUR 17,500. There is n	application of the small business regula	ation.	
		ded Tax Act for at least five calendar years bmitted monthly in electronic form, a uthentical	ed.		
.4 Tax group (Section 2 (2)	No. 2 UStG)	191			
I am the controlling company of the fo	ollowing controlled company:				
mpany					
reet					
puse number House numb	er addition	Address completion			
ost Code place					
ost Code Place	e (P.O. Box)			Post office box	
gal form					
,					
articipation ratio (fraction)					
			tax number		
ax office					
ax office AT identification number, if applicable					
	organizational connections in a	an attachment (informally).			
AT identification number, if applicable	organizational connections in a	an attachment (informally).			
AT identification number, if applicable	lance with § 4 UStG are carrie	ed out:			
AT identification number, if applicable lote: Please inform us about further of	lance with § 4 UStG are carrie	ed out:		(Section 4 No.	UStG)
AT identification number, if applicable lote: Please inform us about further of 5 Tax exemption otal or partial tax-free sales in accord	lance with § 4 UStG are carrie	ed out:		(Section 4 No.	UStG)
AT identification number, if applicable lote: Please inform us about further of .5 Tax exemption otal or partial tax-free sales in accord No Yes .6 Tax rate	lance with § 4 UStG are carrie Type of turnover / activity	ed out:	ı 2 UStG:	(Section 4 No.	UStG)
AT identification number, if applicable lote: Please inform us about further of the control of	Type of turnover / activity r partially subject to the reduce Type of turnover / activity	ed out: ved tax rate in accordance with § 12 Paragrapi			
AT identification number, if applicable lote: Please inform us about further of .5 Tax exemption otal or partial tax-free sales in accord No Yes .6 Tax rate	Type of turnover / activity r partially subject to the reduce Type of turnover / activity	ed out: ved tax rate in accordance with § 12 Paragrapi		(Section 4 No.	UStG)
AT identification number, if applicable lote: Please inform us about further of the control of	Type of turnover / activity r partially subject to the reduce Type of turnover / activity	ed out: ved tax rate in accordance with § 12 Paragrapi			
AT identification number, if applicable lote: Please inform us about further of the content of	Type of turnover / activity r partially subject to the reduce Type of turnover / activity	ed out: ced tax rate in accordance with § 12 Paragraph e taxation in accordance with § 24 USIG:			

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•	
	tax number
	7.8 Target / actual taxation of fees
149	I calculate sales tax according to 150 agreed fees (Debit taxation).
	collected fees. I hereby apply for the Actual taxation , because
151	the total turnover for the year of establishment projected over the calendar year will probably not exceed EUR 500,000.
152	I am exempt from the obligation to keep books and to make regular financial statements on the basis of annual inventories according to Section 148 of the Tax Code (AO).
153	I carry out sales for which I mean as a member of a liberal profession of Section 18 (1) No. 1 of the Income Tax Act, I am neither required to keep accounts nor voluntarily keep books.
149 151 1021/0809/01/08 153	7.9 VAT identification number
154	I need a sales tax identification number (USt-IdNr.) for participation in intra-community trade in goods and services.
	Note: If there is a tax group, the VAT ID no. the controlled company from the controlling company
	request.
155	I have already the following VAT ID no. received: USt-IdNr.
156	Award date: (DD.MM.YYYY)
	7.10 Tax liability of the service recipient for construction and / or building cleaning services
157	An application is made for the issuance of proof of the tax liability of the recipient of the service for construction and / or building cleaning services (form USt 1 TG).
107	
158	The scope of the executed Construction work i. According to § 13b Abs. 2 Nr. 4 UStG is probably more than 10% of the world turnover (sum of the domestic taxable and non-taxable turnover).
159	The scope of the executed Building cleaning services i. According to § 13b Abs. 2 Nr. 8 UStG is probably more than 10% of world sales (sum of domestic taxable and non-taxable sales).
	Note: The prerequisites for issuing the certificate are to be credibly attached in a suitable manner
	7.11 Special taxation procedure "Mini-one-stop-shop"
	Only when performing telecommunication services, radio and television services or other electronically provided services by an entrepreneur based in another EU member state to a
	non-entrepreneur based in Germany:
160	I use the special taxation procedure ("mini-one-stop-shop"). I declare the corresponding sales through the competent authority in my country of residence.
	8. Information on participation in a partnership / partnership
161	Name of the company / community
	Street
162	House number House number addition Address completion
163	
164	Post Code place
	Post Code Place (P.O. Box) Post office box
165	Tax office tax number
166	
	(Please attach a copy of the articles of association!)
	Note: The data requested with this questionnaire are based on §§ 85, 88, 90, 93 and 97 AO raised.
167	
	Place and date Signature of the taxpayer and, if applicable, of the spouse or the registered civil partner or the representative (s) or authorized

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•	tax number	
168 pla	ants:	Declaration of participation for the SEPA direct debit procedure (Item 1.5)
169		Power of attorney to receive (Section 1.7)
170		List of business premises (Item 2.3)
171		Contracts for takeover or conversion (No. 2.5)
172		Other organizational connections (Item 7.4)
173		Articles of Association (Item 8)
174		

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