	Questionnaire for value-added tax re entrepreneurs with registered office					
Tax numbe	r / reference number	eceipt stamp or date of receipt				
1. Gene	ral company details					
1.1. Ad	Idress abroad and contact details of the entrepreneur					
	Company name					
	Registered office (street, house number, postcode, town)	Country				
	Place the company management is based, if different (street, house number postcode, town)	Country				
	Postbox, postcode (street address), town	Country				
	Email	Phone / fax				
	Please enter your email address only, if you agree to con (please refer to the separate form)	nmunication via email.				
	Please enclose a residence certificate issued by the foreign tax authority!					
Add	dress in Germany (if applicable)					
	Registered office (street, house number, postcode, town)					
	Place the company management is based, if different (street, house number	r, postcode, town)				
	Postbox, postcode (street address), town					
-	Email	Phone / fax				
1.2. Op	erating facilities					
	Please enclose contracts!					
	No Yes address (street, house num 1. 2.	ber, postcode, town)				
	If there are more than two operating facilities, ple	ase enclose a separate list.				
1.3. Fo	rm of company (Please enclose the corresponding contracts!)					
	Established as of Relocate					
	Taken over on Restruct	ured as of				
1.4. Le	gal form of the company/association					
	Company constituted under civil law Atypical	silent partnership				
	General partnership Working	group in the construction industry				

	Limited partnership Partnership company	GmbH & Co. KG (Limited commercial partnership where the limited partner is the managing company. Please enclose articles of association of the LLP.)					
		,					
	Public limited company Private limited company For foreign companies, please indicate the applicable foreign designation! (S.A. Ltd. doo dooel etc.)						
1.5. C							
1.5. C	Chamber affiliation (Chamber of Crafts / Cha	amber of industry and Commerce)					
	yes no						
1.6. E	intered in the commercial register of the ho	me country					
	yes, since (Please enclose excerpt fro the commercial register incl						
	translation.)	An application has been submitted					
	no	to the commercial register.					
	Is the company entered in the commercial register in the Federal Republic of Germany?						
	no	yes (Please enclose certificate of registration.)					
	If so, has a corresponding branch office been	established?					
	yes	no					
		empany (e. g. site huts, equipment sheds, office					
	space, accommodation units, payroll office, workshop, etc.)? (Please enclose a list including location details and dates since when the facilities exist!)						
1.7.1. Do you operate any permanent local facilities or installations in the Federal Republic of							
	Germany, other than those listed under 1.7. (branch office, warehouse, administrative						
	office, office premises, production site, other)?						
	NO Yes (Please enclose a separate list including location details and dates since when the facilities exist!)						
1.7.2.		ted under 1.7. and 1.7.1. from companies					
	based in the Federal Republic of Germany, or have you been granted rights of joint use that are not of a temporary nature?						
	no yes (Please enclose contracts!)						
1.7.3.	For which purposes do you operate the f	acilities or installations indicated under					
	1.7. and 1.7.1.? (Please indicate in the respecti	ve separate list!)					
	• • •	ndertake active business operations outside of					
th	ne Federal Republic of Germany?						
	no yes (Please indicate exact activities	and scope thereof!)					
1.9. H	low much is the company's capital stock? (please indicate currency)					
1.10. L	ocation of company management (Indicate o	nly, if different from the company address!)					
1.11. Is	s the company already registered for tax pu	irposes?					
	NO Yes (Please enter the following deta	ils!)					
	<u>Tax</u>	office <u>Tax number</u>					
	Wage tax						
	Corporation tax						
	Income tax						
	Value-added tax						

1.12.	Has notification of operation § 14 of the German Trade			e competent municipality, pursua rdnung)?	int to	
	no yes					
1.13	When did the company ta	ke up operations i	n the Fe	ederal Republic of Germany?		
1.14.	Area of activity (Please give	a detailed account of ye	our compa	any's activities in Germany!)		
1.15.	5. Previous operational circumstances: Have commercial/self-employed (freelance) activities been carried out in the past five years? no yes (Please describe the nature and duration of the activities!)					
				,		
1.16.	Bank details for tax reimb	ursements and dir	ect deb	oit transfer		
	Bank details for reimbur Please ensure that the details account number, identical spe	indicated here are iden	<u>ıtical</u> with	those registered with your banking instit	ution (full	
	IBAN			BIC (SWIFT code)		
	Banking institute			Account holder		
	Please ensure for all payments that all required details are entered under intended use. The following details must be indicated for all payments: Tax number, type of tax, period, surname or company name					
	Would you like to partic	ipate in the direct	debit sc	cheme?		
	Yes, I have enclosed the completed SEPA direct debit mandate.					
	If the account holder and the company that is being registered are <u>not</u> identical, please supply an account authorisation certificate issued by the account holder!					
1.17.	Tax counselling in the Fed	deral Republic of 0	German	ny		
	no	yes				
	Name		Address			
	Phone	Fax		Email		
	No authorised rece	eiving agents		athorised receiving agents (pleas close authorisation document)	е	
	(Abgabenordnung, AO)	?		gent pursuant to § 123 of the Tax eceiving agent under 1.18.	Code	
	Authorised receiving ager (Can only be considered, if a sepa		ument is e	enclosed.)		
	no	yes				
	Name		Address			
	Phone	Fax		Email		
	company may be considered rorganisations that are based in	received one month after the countries listed in	er postal on the Tax	ny, correspondence addressed to you/you dispatch (§ 123 AO). In the case of taxable Code Application Decree (Anwendungser 1.1, decisions made by the tax office (tax	9	

	annonementa de deletere de l'		!ama -1- \	uill ka mulalisteedalis	I manuacione do CAO at the Leave are	
	assessments, decisions regarding objections, etc.) will be publicly delivered pursuant to § 10 of the Law on Service in Administrative Procedures (Verwaltungszustellungsgesetz, VwZG).					
	las a permanent represent oursuant to § 13 AO?	ative ir	the Fed	eral Republic of G	ermany been appointed	
	no	ye	es			
	Name			Address		
1.00	Phone		Fax	Em		
а	Application for reimburseme Application for reimburseme Bundeszentralamt für Steu	ent of ir				
,	no yes (for the following)	,	eriods:)			
1.21. ln	formation regarding profit	determ	ination			
	Cash income stateme	nt				
	Asset evaluation (bala	ince sh	eet); op	ening balance she	et is enclosed. will be provided later.	
	Does the financial year d	iffer fro	m the ca	lendar year? ye	es no	
1.22. F	or companies: Representa	tion of	the comp	pany		
	Managing director					
	Associate(s)/partner(s)					
	Name, address, phone, fax, email					
	Name address phane for ameil					
	Name, address, phone, fax, email					
	or companies: Details of the there are more than two associates				rith consecutive numbering of the	
	details listed below for this section!)					
	Name, company					
	Address					
	Date of birth/date of incorpo					
	Profession/activity/type of c	ompany	•			
	Nature of involvement					
	Share of results in %					
	Tax office/tax number					
2. Valu	e-added tax					
2.1. Ex	pected turnover in the Fed	eral Re	public of	Germany		
	in the year operations are taken up)		in the following year		
0.0 T			EUR		EUR	
2.2. Taxation of payments on accruals/cash basis						
	I calculate value-added tax	based o				
	agreed upon payments (accruals basis).			ved payments. eby apply for taxatior	n on cash basis.	

2.3. Perm	.3. Permanent extension				
	I am aware t calculated a Value-Added	to take advantage of the permane that where value-added tax returnand paid. I am aware that the tax of Tax Act (UStG) in conjunction wition for permanent extension must	s are submitted monthly, a s ffice may revoke a permane ith section 18.4 of the Value	pecial advance am nt extension pursua -Added Tax Applica	ount shall be ant to § 18 of the
2.4. Valu	e-added tax i	dentification number (VA	TIN)		
	I need a	VATIN to participate in ir	tra-Community trade	Э.	
	who on deductifor who value-a	al information for entrepre aly generate tax-exempt to ion, ose turnover no value-ado added tax Act (UStG), ay tax on their turnover, b	urnover, and are thu	rsuant to § 19	section 1 of the
	intra- taxati annual pi w w a new v	lying for a VATIN, becaultoning for a VATIN, becaultoning threshold of Ewill be exceeded (§ 1a sewill not be exceeded but the duration of at least two youngless or particular excurchased inside the Com	e performed; munity purchases, a UR 12,500 ction 3 UStG); ne purchasing thresh rears (§ 1a section 4 ise-duty goods	old arrangem UStG).	
	I was issu	ed the following VATIN for	activities performed in	the past:	
	VATIN:		Date of issue:		
2.5. Do y Germany		ousiness relationships wi	th companies from th	ne Federal Re	public of
	no	yes (Please indicate the In addition to this, plea	names and addresses of the se enclose the written ord		our company.)
Gern (Pleas	nany?	formation, even if all turnover is			
		s/service recipients of youll-scale entrepreneurs pu	•	•	on-
i	entreprene ndividuals	eurs small-scale entr	epreneurs pursuant	to § 19 UStG	private
I	s value-adde yes	d tax indicated separatel	y on the invoices iss	ued to your cu	ustomers?
2.8. Wha	2.8. What will be the total payable value-added tax amount per calendar year?				
2.9. How much taxable and tax-exempt turnover do you expect?					

2.10. Do you import or intend to import items from abroad (beyond Community territory in the sense of the UStG)?
no yes (expected total value of imported goods:)
3. Employees
3.1. Date from when staff members will be employed, including managing directors:
3.2. Expected number of employees:
3.2.1. Where are the employees from? (please indicate countries)
3.3. Where does payroll accounting take place?
3.4. Which payments are made in addition to regular earnings (wage, salary) (e. g. holiday pay, Christmas bonus, royalties, surcharges for Sunday, holiday or night work)
3.5. Which non-cash remunerations are granted? (free or discounted company or rental apartments, lunch, private use of company cars, private use of telephones, etc.)
3.6. Which costs are refunded to the employees? (travel costs, entertainment expenses, commuting costs, etc.)
3.7. How are tax deduction amounts calculated? manually based on a table automatically using payroll software
manually based on a table automatically using payroll software 4. Documents to be enclosed
The following documents must be enclosed in addition to the certificates requested in the questionnaire:
Rental agreements for office and storage space, buildings, etc. Attachment to the questionnaire for value-added tax registration of
Original paper sheet bearing the company's letterhead
Receiving authorisation certificate
Authorisation for representation in tax-related matters
I hereby confirm that the information I have provided above is true to the best of my knowledge and belief.