

## Form

## General information about the employer

Company full name: _____	
Company address: _____	
Office address in Austria: _____	
Tel.No.: _____	Fax No.: _____
Product-Line: _____	Collective agreement: _____
Working hours per week: _____	Working days per week: _____
Pay date for salaries: _____	
Contact person: _____	E-Mail: _____
<input type="checkbox"/> Start-up company?	

## Bank Details

Bank: _____
IBAN: _____ BIC / SWIFT: _____

## Authorities

Tax Authority: _____	Tax No.: _____
Municipal Tax Authority: _____	Municipal Tax No.: _____
Social security Authority: _____	Soc. sec. No.: _____
Soc. sec. Authority: _____	Soc. sec. No.: _____
Soc. sec. Authority: _____	Soc. sec. No.: _____
Soc. sec. Authority: _____	Soc. sec. No.: _____
Soc. sec. Authority: _____	Soc. sec. No.: _____
Soc. sec. Authority: _____	Soc. sec. No.: _____
Soc. sec. Authority: _____	Soc. sec. No.: _____
Soc. sec. Authority: _____	Soc. sec. No.: _____
Soc. sec. Authority: _____	Soc. sec. No.: _____
Soc. sec. Authority: _____	Soc. sec. No.: _____
'MVK' Severance Payment Fund: _____	

## Needed documents

<input type="checkbox"/> Power of attorney for social security	<input type="checkbox"/> Excerpt of companies register
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send by e-mail

print form

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