



FOR REGISTRATION AND REPORTING CHANGES

for legal entities not required to be incorporated, non-profit organisations - except registered budgetary legal persons and civil organizations-, foreign companies, joint owners, assets placed under fiduciary asset management and in the case of taxable groups, the group

This Data Sheet must be filed in two hard copies or one electronic copy.

Place of barcode

TO BE FILLED OUT BY THE AUTHORITY

Receipt/arrival:

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Code of receiving person:

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Date of mailing:

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Tax number:

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community tax number

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starting/finishing date of effect of community tax number

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date

place of stamp

signature

Customs identification number

H	U								
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TO BE FILLED OUT BY THE TAXPAYER

- [illegible]

We acknowledge that, pursuant to Article 24 (9) of the Act on the Rules of Taxations, the tax authority shall refuse to issue tax number if the data provided by the taxpayer are false or insufficient.

Being aware of my legal liability I declare that the data I provided above do reflect the truth

place of stamp

name of taxpayer or representative (proxy, organizational representative) in capital letters

2	0	1	7				
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locality

year

month day

signature of taxpayer or representative (proxy,
organizational representative)

Please mark with an "X" if you are a proxy and your Power of Attorney is attached

7

Please mark with an "X" if you are a permanent proxy duly registered with the National Tax and Customs Administration and entitled to sign this Form!

7

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17.

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19.

QUESTION

- 7

[illegible]

Country code (ISO code)	Bank code	Bank account number	Date of account opening	Date of account closing
		HUF account	Currency account	
		HUF account	Currency account	
		HUF account	Currency account	

country		postal code		town, township, etc.	
name of public place		type of public place		number/topographical lot number	number of building
				stair-case	floor door

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rules of international administrative cooperation regarding taxes and other public dues (Aktv.)) GILN code of the financial institution <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
20.	We hereby report that our institution complies with the registration liability of the IRS FATCA on the basis of the Article 43/A (4) of the Aktv. (1-Yes, 2-No) <input type="checkbox"/>
	We hereby report that we qualify as "Reporting Hungarian Financial Institution" according to the cooperative Agreement on the implementation of the FATCA regulation (Article 43/A (1) of the Aktv) <input type="checkbox"/>
	Date when the Reporting Hungarian Financial Institution status commences <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	We hereby report that we qualify as "Non-Reporting Hungarian Financial Institution" according to the cooperative Agreement on the implementation of the FATCA regulation for the following reason (Article 43/A (2) of the Aktv) <input type="text"/> <input type="text"/>
	Date when the Non-Reporting Hungarian Financial Institution status commences <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
21.	Report relating to the vocational training contribution I hereby report as the organization specified in the Article 43 (2) of Act CLXXXVII of 2011 on the vocational training that on the basis of Article 2 (1) point h) of Act CLV of 2011 on vocational training contribution and the support for the development of training programs, I comply with the vocational training contribution pursuant to the Article 5 (point a) subpoint ab) of the referred Act. <input type="checkbox"/>
22.	Report according to Article 43/G. (1) - (2) of the Aktv. We hereby report that we qualify as "Reporting Hungarian Financial Institution" according to VIII point A of the Annex 1 of the Aktv. (Article 43/G (1) of the Aktv.) <input type="checkbox"/>
	Date when the Reporting Hungarian Financial Institution status commences <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	We hereby report that we qualify as "Non-Reporting Hungarian Financial Institution" according to VIII point B of the Annex 1 of the Aktv. for the following reason (Article 43/G (2) of the Aktv.) <input type="text"/> <input type="text"/>
	Date when the Non-Reporting Hungarian Financial Institution status commences <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.	Reporting selection of small business taxation regime (KIVA) Based on point 9 of Article 49 of Act CXLVII of 2012 on the fixed-rate tax of low tax-bracket enterprises and on small business tax, as a law firm, patent agents' firm or foreign entrepreneur founded during the tax year I hereby opt for the small business taxation regime. <input type="checkbox"/>
24.	Reporting the application of the International Financial Reporting Standards (IFRS) (Based on Article 9/A, point (4) of Article 114/C and points (1)-(4) of Article 114/D of Act C of 2000 on Accounting) We hereby declare that our annual financial report on the basis of Act C of 2000 on Accounting shall be prepared in accordance with the International Financial Reporting Standards (IFRS) from the first day of the year following the date of this declaration. We also attach the report of the certified auditor acknowledging our preparedness. <input type="checkbox"/>

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Name

Tax number

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Reporting changes in data, registration following cancellation of tax number					
1.	Reason of change: <i>Please write the code as per the Instructions.</i>				<div style="border: 1px solid black; width: 20px; height: 20px; margin: auto;"></div>
2.	Name of the organisation U <hr/> Short name of the organisation <input type="checkbox"/> U/T				
3.	Registered seat (place of business management) <input type="checkbox"/> U <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> postal code town, township, etc. </div> <div style="display: flex; justify-content: space-between;"> name of public place type of public place number/topographical lot number number of building stair-case floor, door </div> Number of operation license: _____ Date: <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> Registration refers to place of business management (Article 2 (3) and Article 4 point 35 of the Act on corporate tax and dividend tax): <input type="checkbox"/>				
4.	Branch office U/T/M <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> postal code own, township, etc. </div> <div style="display: flex; justify-content: space-between;"> name of public place type of public place number/topographical lot number number of building stair-case floor, door </div> Number of operation license: _____ Date: <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> May be continued on Supplementary sheet 2				
5.	Storage place of documents, electronic certificates and records U/T <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> postal code town, township, etc. </div> <div style="display: flex; justify-content: space-between;"> name of public place type of public place number/topographical lot number number of building stair-case floor, door </div> May be continued on Supplementary sheet 5 The taxpayer stores electronic documents, books and records electronically, pursuant to the VAT Act, with granting online access. U/T <input type="checkbox"/>				
6.	Tevékenység(ek) NACE-code _____ Description _____ Number of operation license: _____ Date: _____ Main activity: U/M <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Other activity: U/M/T <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> U/M/T <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> May be continued on Supplementary sheet 1				
7.	Data of foreign enterprises U/T <input type="checkbox"/> Registered seat <div style="display: flex; justify-content: space-between;"> country <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> postal code town, township, etc. </div> <div style="display: flex; justify-content: space-between;"> name of public place type of public place number/topographical lot number number of building stair-case floor, door </div> Tax identification number: _____				
8.	Data of the decision on registration of changes Number: _____ Date: <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> Effective date: <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div>				
9.	Data of legal predecessor(s) Number of legal predecessors: <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> Description: _____ Tax number: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="width: 35%;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> May be continued on Supplementary sheet 6				
10.	Data of legal successor(s) Number of legal successors: <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> Description: _____ Tax number: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="width: 35%;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> May be continued on Supplementary sheet 6				

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Name

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17T201-B03 Name _____

Tax number

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15.	Effect of the Act on Corporate Tax and Dividend Tax We do not belong: (1), do belong: (2) under the effect of Act LXXXI of 1996 on corporate tax and dividend tax, pursuant to Articles 2-3 thereof.	<input type="checkbox"/>
16.	Non-profit status U/T <input type="checkbox"/> We are classified as a non-profit organisation, pursuant to Act CLXXXV of 2011 on the Right of Association, Non-profit Status, and the Operation and Funding of Civil Society Organisations. Number of court decision: _____ Date: _____ Effective date: _____	<input type="checkbox"/>
17.	Termination of the EVA (simplified entrepreneurial tax) taxpayer status Our EVA taxpayer status is terminated on the basis of the EVA Act. Reason for termination of the taxpayer status: <i>Code to be given as per the Instructions</i>	<input type="checkbox"/>
18.	Reporting acquisition of shares according to Article 4, point 5 of the Act on Corporate Tax and Dividend Tax We hereby report that we acquired a share of at least 10% in a legal entity, in a company without legal entity, or in a non-resident person (except for controlled foreign enterprises) established according to the provisions of the national laws. We hereby report that we acquired a further share or disposed of existing share(s) in a legal entity, in a company without legal entity, or in a non-resident person (except for controlled foreign enterprises) established according to the provisions of the national laws, in which we had had a share of at least 10% earlier (an increase in the share value). Date of acquisition of share: _____ Size of share: _____ / _____ Name of person, in which the share was acquired: _____ Tax number of person, in which the share was acquired: _____ Registered seat of person, in which the share was acquired: country _____ postal code _____ town, township, etc. _____ name of public place _____ type of public place _____ number/topographical lot number _____ number of building _____ stair-case _____ floor, door _____	<input type="checkbox"/> U/T <input type="checkbox"/>
19.	Registration of a company with real estate holdings U/M/T <input type="checkbox"/> We hereby report that during the following period, we were classified as a company with real estate holdings, pursuant to point 18/a of Article 4 of the Act on Corporate Tax and Dividend Tax: _____ Tax year: _____ In relation to the tax year when the corporation tax return was filed, we are making a statement on the sale of share owned by a foreign member of the company on the date of such sale, on the face value of such share, as well as the residence of such member on Supplementary sheet 11.	<input type="checkbox"/>
20.	Registration in relation to a cost sharing group U/M <input type="checkbox"/> 1. Objective of the registration in relation to the cost sharing group 2. Objective of the establishment of the cost sharing group: 3. In the case of a civil association establishing a cost sharing group, we have attached to this Data Sheet the unconditional consent of the representative about the undertaking of the representation, the certified copy of the contract about the establishment of the association, and the common, explicit and unanimous request of the members on the establishment of the cost sharing group. 4. In the case of a non-civil association, in relation to the cost sharing group, we have attached to the registration the statements and official documents (presentation of the system of records, and statements relating to the number of members, keeping records, as well as joint and several responsibility) stipulated in Article 85/A (8) b) and c) of the VAT Act. 5. We terminate the cost sharing group 6. We hereby report that the objective of the cost sharing group was achieved, or is not possible to achieve any more <i>Please register the members' data on Supplementary sheet 9.</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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17T201-B05 Name _____

Tax number

_____-_____-____

	Opting for a different business year	U/T <input type="checkbox"/>
24.	I opt for a business year different from the calendar year with the following balance sheet date: _____ I cancel my choice of a business year different from the calendar year as of the following date: _____	
	Report of the changes pursuant to the FATCA Agreement (Article 43/A (3) of the Act on the particular rules of international administrative cooperation regarding taxes and other public dues (Aktv.))	
	GIIN code of the financial institution _____	
25.	We hereby report that our institution complies with the registration liability of the IRS FATCA on the basis of the Article 43/A (4) of the Aktv. (1-Yes, 2-No)	<input type="checkbox"/>
	U/T <input type="checkbox"/>	
	We hereby report that we qualify as "Reporting Hungarian Financial Institution" according to the cooperative Agreement on the implementation of the FATCA regulation (Article 43/A (1) of the Aktv)	<input type="checkbox"/>
	Date when the Reporting Hungarian Financial Institution status commences _____	
	U/T <input type="checkbox"/>	
	We hereby report that we qualify as "Non-Reporting Hungarian Financial Institution" according to the cooperative Agreement on the implementation of the FATCA regulation for the following reason (Article 43/A (2) of the Aktv)	<input type="checkbox"/>
	Date when the Non-Reporting Hungarian Financial Institution status commences _____	
	Report relating to the vocational training contribution	
26.	I hereby report as the organization specified in the Article 43 (2) of the Act CLXXXVII of 2011 on the vocational training that on the basis of the Article 2 (1) point h) of the Act CLV of 2011 on the vocational training contribution and the support of the development of the training I comply with the vocational training contribution pursuant to the Article 5 point a) subpoint ab) of the referred Act.	U/T <input type="checkbox"/>
	I hereby report as the organization specified in the Article 43 (2) of Act CLXXXVII of 2011 on vocational training that on the basis of Article 2 (1) point h) of the Act CLV of 2011 the vocational training contribution and support for the development of training programs, I comply with the vocational training contribution not pursuant to the Article 5 point a) subpoint ab) of the referred Act.	U/T <input type="checkbox"/>
	Report of change according to Article 43/G. (3) of the Aktv.	
27.	U/T <input type="checkbox"/>	
	We hereby report that we qualify as "Reporting Hungarian Financial Institution" according to VIII point A of the Annex 1 of the Aktv. (Article 43/G (1) of the Aktv.)	<input type="checkbox"/>
	Date when the Reporting Hungarian Financial Institution status commences _____	
	U/T <input type="checkbox"/>	
	We hereby report that we qualify as "Non-Reporting Hungarian Financial Institution" according to VIII point B of the Annex 1 of the Aktv. for the following reason (Article 43/G (2) of the Aktv.)	<input type="checkbox"/>
	Date when the Non-Reporting Hungarian Financial Institution status commences _____	
	Reporting changes with regard to the application of the International Financial Reporting Standards (IFRS) (Based on Article 9/A, point (4) of Article 114/C and points (1)-(4) of Article 114/D of Act C of 2000 on Accounting) We hereby declare that our annual financial report on the basis of Act C of 2000 on Accounting shall be prepared in accordance with the International Financial Reporting Standards (IFRS) from the first day of the year following the date of this declaration. We also attach the report of the certified auditor acknowledging our preparedness.	U/T <input type="checkbox"/>
28.	Start date of preparation of the IFRS based annual financial report (first day of the business year following the one of the report)	_____
	We hereby declare that our annual financial report on the basis of Act C of 2000 on Accounting shall not be prepared in accordance with the International Financial Reporting Standards (IFRS) from the first day of the year following the date of this declaration.	U/T <input type="checkbox"/>
	Start date of preparation of the annual financial report on the basis of the domestic accounting rules (first day of the business year following the one of the report):	_____

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Tax number

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1.	Special reason for VAT taxpayer status 1. We comply with our obligation to register as joint owners: [1] 2. We sell new vehicles to the territory of the Community: (2) 3. We sell buildings or building sites in a series of transactions: (3.) 4. We become a VAT subject due to intra-Community sales serving as the basis of tax exempt import of products, and we do not use an indirect customs representative for the tax exempt import of products: [4]. 5. A civil association shall become a tax subject pursuant to Article 85 (6) aa) of the VAT Act, with the authorization of the national tax authority [5]	
2.	Registration according to Article 22 (1) g) or j) of the Rules of Taxation We are acting as an operator of a tax warehouse as specified in Article 89/A of the VAT Act. We are acting as indirect customs representative as specified in Section 96 of the VAT Act	U/T <input type="checkbox"/>
3.	Statement of VAT taxability due to termination of an EVA taxpayer status We make the statement of our choice to become VAT taxpayer due to the termination of our Eva taxpayer status.	<input type="checkbox"/>
4.	Preclusion of VAT taxability We do not classify as a VAT subject, pursuant to the following provisions of the VAT Act Article 5: we carry out no economic activities as per the VAT Act: [1], Article 7: we carry out activities only as an organisation vested with executive powers: [2]	<input type="checkbox"/>
5.	Manner of establishment of the VAT payment obligation <i>If the method of taxation is changed, the whole section shall be filled out completely, also marking the unchanged lines as well. If you opt for using the general rules instead of a special taxation method, or tax exemption, you must mark the appropriate point and point 1 as well.</i> 1. We establish the VAT payment obligation as per the general rules. (1) <input type="checkbox"/> 2. We establish the VAT payment obligation as per the general rules, due to exceeding the threshold entitling to a tax exempt status by subjective right. (C) <input type="checkbox"/> 3. Being a dealer, we apply the provisions of Sub-chapter XXII.2 of the VAT Act to this activity. (G) <input type="checkbox"/> 4. Being a dealer, we do not apply the provisions of Sub-chapter XXII.2 of the VAT Act to the whole of this activity. (H) <input type="checkbox"/> 5. In order to assess the amount of tax, we apply the global records based method. (I) <input type="checkbox"/> 6. We determine the taxable amount of the following supplies of goods according to the provisions of Article 217 of the VAT Act: in connection with the direct importation of works of art, collectors' items or antiques by the dealer, or in connection with the acquisition of works of art directly from the artist, or from the legal heir of the artist. (J) <input type="checkbox"/> 7. We establish the VAT payment obligation according to the special rules relating to the organiser of a public auction. (K) <input type="checkbox"/> 8. We establish the VAT payment obligation by using the individual records-based method relating to tour operating service providers. (L) <input type="checkbox"/> 9. For assessing tax on our tour operating service provider activities, we use the designated position number based records system. (U) <input type="checkbox"/> 10. We render our activities of supplying investment gold to another taxpayer taxable. (M) <input type="checkbox"/> 11. We render our agency activities of acting in the name and on behalf of another person supplying investment gold taxable. (R) <input type="checkbox"/> 12. We establish the VAT payment obligation as per the general rules, instead of the agricultural compensation system. (N) <input type="checkbox"/> 13. We choose taxability as per the general rules, instead of tax exemption, in case of letting or leasing real estate property [or part thereof] not considered to be a residential property. (S) <input type="checkbox"/> 14. We choose taxability as per the general rules, instead of tax exemption, in the case of letting or leasing real estate property [or part thereof] considered to be residential property and non-residential property. (T) <input type="checkbox"/> 15. We choose taxability as per the general rules, instead of tax exemption, in the case of selling certain non-residential buildings [or parts thereof] and the land belonging to them, as well as certain land [or part thereof] which has not been built on. (V) <input type="checkbox"/> 16. We choose taxability as per the general rules, instead of tax exemption, in the case of selling certain residential and non-residential buildings [or parts thereof] and the land belonging to them, as well as certain land [or part thereof] which has not been built on. (P) <input type="checkbox"/>	
6.	VAT exemption 1. We carry out only non-taxable activities due to the public benefit or other special nature of such activities. (6) <input type="checkbox"/> 2. We opt for a tax exempt status by subjective right. (2) <input type="checkbox"/> 3. Pursuant to Chapter XIV of the VAT Act, we carry out activities considered to be agricultural activities, and we claim payment of the compensation surcharge. (7) <input type="checkbox"/> 4. We opt for a tax exempt status by subjective right in addition to applying the agricultural compensation system. (8) <input type="checkbox"/> 5. We waive the application of the agricultural compensation system, and opt for a tax exempt status by subjective right. (5) <input type="checkbox"/>	

ONLY THE HUNGARIAN FORM CAN BE OFFICIALLY FILLED!

17T201-F02 Name _____

Tax number

□□□□□□□□ - □□ - □□

Compliance with VAT payment obligations in (an) other Member State(s)

We comply with the VAT payment obligation in the following member-states by choice (1), due to exceeding threshold (2) (Please mark code 1 or 2):

Austria	Denmark	Netherlands	Luxembourg	Portugal	Slovenia
Belgium	Estonia	Ireland	Malta	Romania	Croatia
Bulgaria	Finland	Poland	United Kingdom	Spain	
Cyprus	France	Latvia	Germany	Sweden	
Czech Republic	Greece	Lithuania	Italy	Slovakia	

Registering for a Community tax number8. We request the establishment of a Community tax number. Reason (as per the instructions for filling out): ☐We request termination of the Community tax number: ☐**Registration based on Article 22 (5) or (6) and (8) of the Rules of Taxation**

9. 1. We belong to the group of taxpayers specified in Article 22 (5) of the Rules of Taxation, and the price of products we purchased in another EC member-state during the tax year exceeds EUR 10,000. (8) ☐
2. We belong to the group of taxpayers specified in Article 22 (6) of the Rules of Taxation, and the price of products we purchased in another EC member-state during the tax year does not exceed EUR 10,000, but we opt for a VAT payment obligation in Hungary. (9) ☐
3. We are engaged only in activities not entitling to tax deductions, or we opted for a tax exempt status by subjective right, or we are classified as a VAT subject of special status engaged only in agricultural activities, we do not have a Community tax number, and we provide services to or use the services of taxpayers resident in another EC member-state. (7) ☐
4. We are engaged only in activities not entitling to tax deductions, or we opted for a tax exempt status by subjective right, or we are classified as a VAT subject of special status engaged only in agricultural activities and, while applying Article 20 (7) of the VAT Act, we disclosed our Community tax number to the supplier of such goods. (B) ☐

Registration based on Article 80 (2) (b) of the VAT Act10. In the case of sales of goods, providing services and purchasing products within the Community; if the tax base is expressed in a foreign currency the exchange rate officially published by the National Bank of Hungary (MNB) shall be used to convert it to HUF. ☐Starting date of the application of the exchange rate of the MNB
(the earliest date shall be the date of submission of the Data Sheet)

□□□□□□□□

In the case of sales of goods, providing services and purchasing products within the Community; if the tax base is expressed in a foreign currency the exchange rate officially published by the European Central Bank (ECB) shall be used to convert it to HUF. ☐Starting date of the application of the exchange rate of the ECB
(the earliest date shall be the date of submission of the Data Sheet)

□□□□□□□□

Statement on opting for cash accounting11. I opt for cash accounting as per Chapter XIII/A of the VAT Act. ☐I hereby state that the preconditions serving as a basis for my option of cash accounting do prevail in my case. ☐I hereby report that I stop applying cash accounting as per Chapter XIII/A of the VAT Act ☐**Request for modification based on point (17) of Article 22 of the Act on tax procedures**12. I hereby request modification of our earlier option as per sub-points b)-d) or h)-j) of point (1) of Article 22 of the Act on tax procedures. The change has no impact on the amount of tax, tax base, state subsidy taking into account the tax returns already submitted. ☐**ONLY THE HUNGARIAN FORM CAN BE OFFICIALLY FILLED!**

17T201- SUPPLEMENTARY SHEET 1

Number of pages:

Activities

Tax number --

Name of organisation: _____

TO BE FILLED OUT BY THE AUTHORITY

date

place of stamp

Code of receiving person

signature

	U/T/M	NACE- code	Description	Number of the operation license	date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
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18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

Being aware of my legal liability I declare that the data I provided above do reflect the truth

(A)

_____ locality

year

month

day

_____ signature of taxpayer or representative (proxy)

ONLY THE HUNGARIAN FORM CAN BE OFFICIALLY FILLED!

17T201- SUPPLEMENTARY SHEET 2

Number of pages

Branch offices

Tax number

Name of organisation:

TO BE FILLED OUT BY THE AUTHORITY

2 0 1

date

place of stamp

Code of receiving person

signature

U/T/M	Address of branch office		Number and date of operation license	
1.	<input type="text"/>	<input type="text"/>	postal code <input type="text"/>	town, township, etc. <input type="text"/>
	name of public place <input type="text"/>	type of public place <input type="text"/>	number/topographical lot number <input type="text"/>	number of building <input type="text"/>
				stair-case <input type="text"/>
				floor, door <input type="text"/>
	Number of operation license: <input type="text"/>		Date of operation license: <input type="text"/>	
2.	<input type="text"/>	<input type="text"/>	postal code <input type="text"/>	town, township, etc. <input type="text"/>
	name of public place <input type="text"/>	type of public place <input type="text"/>	number/topographical lot number <input type="text"/>	number of building <input type="text"/>
				stair-case <input type="text"/>
				floor, door <input type="text"/>
	Number of operation license: <input type="text"/>		Date of operation license: <input type="text"/>	
3.	<input type="text"/>	<input type="text"/>	postal code <input type="text"/>	town, township, etc. <input type="text"/>
	name of public place <input type="text"/>	type of public place <input type="text"/>	number/topographical lot number <input type="text"/>	number of building <input type="text"/>
				stair-case <input type="text"/>
				floor, door <input type="text"/>
	Number of operation license: <input type="text"/>		Date of operation license: <input type="text"/>	
4.	<input type="text"/>	<input type="text"/>	postal code <input type="text"/>	town, township, etc. <input type="text"/>
	name of public place <input type="text"/>	type of public place <input type="text"/>	number/topographical lot number <input type="text"/>	number of building <input type="text"/>
				stair-case <input type="text"/>
				floor, door <input type="text"/>
	Number of operation license: <input type="text"/>		Date of operation license: <input type="text"/>	
5.	<input type="text"/>	<input type="text"/>	postal code <input type="text"/>	town, township, etc. <input type="text"/>
	name of public place <input type="text"/>	type of public place <input type="text"/>	number/topographical lot number <input type="text"/>	number of building <input type="text"/>
				stair-case <input type="text"/>
				floor, door <input type="text"/>
	Number of operation license: <input type="text"/>		Date of operation license: <input type="text"/>	
6.	<input type="text"/>	<input type="text"/>	postal code <input type="text"/>	town, township, etc. <input type="text"/>
	name of public place <input type="text"/>	type of public place <input type="text"/>	number/topographical lot number <input type="text"/>	number of building <input type="text"/>
				stair-case <input type="text"/>
				floor, door <input type="text"/>
	Number of operation license: <input type="text"/>		Date of operation license: <input type="text"/>	
7.	<input type="text"/>	<input type="text"/>	postal code <input type="text"/>	town, township, etc. <input type="text"/>
	name of public place <input type="text"/>	type of public place <input type="text"/>	number/topographical lot number <input type="text"/>	number of building <input type="text"/>
				stair-case <input type="text"/>
				floor, door <input type="text"/>
	Number of operation license: <input type="text"/>		Date of operation license: <input type="text"/>	
8.	<input type="text"/>	<input type="text"/>	postal code <input type="text"/>	town, township, etc. <input type="text"/>
	name of public place <input type="text"/>	type of public place <input type="text"/>	number/topographical lot number <input type="text"/>	number of building <input type="text"/>
				stair-case <input type="text"/>
				floor, door <input type="text"/>
	Number of operation license: <input type="text"/>		Date of operation license: <input type="text"/>	

Being aware of my legal liability I declare that the data I provided above do reflect the truth

(A)

locality

year

month

day

signature of taxpayer or representative (proxy)

ONLY THE HUNGARIAN FORM CAN BE OFFICIALLY FILLED!

Number of pages

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Tax number [] [] [] [] [] [] [] [] - [] - [] []

Name of organisation:

TO BE FILLED OUT
BY THE AUTHORITY

2	0	1				
---	---	---	--	--	--	--

date

place of stamp

Code of receiving person

--	--	--	--	--	--

signature

(A) Being aware of my legal liability I declare that the data I provided above do reflect the truth

locality year month day signature of taxpayer or representative (proxy)

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17T201- SUPPLEMENTARY SHEET 5

Number of pages

Storage place of documents, electronic certificates and records

Tax number

TO BE FILLED OUT BY THE AUTHORITY

date

Code of receiving person

Name of organisation:

place of stamp

signature

U/T Address of storage place of documents

1.	<input type="text"/>	<input type="text"/>	postal code	<input type="text"/>	town, township, etc.
	name of public place	type of public place	number/topographical lot number	number of building	stair-case floor, door
2.	<input type="text"/>	<input type="text"/>	postal code	<input type="text"/>	town, township, etc.
	name of public place	type of public place	number/topographical lot number	number of building	stair-case floor, door
3.	<input type="text"/>	<input type="text"/>	postal code	<input type="text"/>	town, township, etc.
	name of public place	type of public place	number/topographical lot number	number of building	stair-case floor, door
4.	<input type="text"/>	<input type="text"/>	postal code	<input type="text"/>	town, township, etc.
	name of public place	type of public place	number/topographical lot number	number of building	stair-case floor, door
5.	<input type="text"/>	<input type="text"/>	postal code	<input type="text"/>	town, township, etc.
	name of public place	type of public place	number/topographical lot number	number of building	stair-case floor, door
6.	<input type="text"/>	<input type="text"/>	postal code	<input type="text"/>	town, township, etc.
	name of public place	type of public place	number/topographical lot number	number of building	stair-case floor, door
7.	<input type="text"/>	<input type="text"/>	postal code	<input type="text"/>	town, township, etc.
	name of public place	type of public place	number/topographical lot number	number of building	stair-case floor, door

Being aware of my legal liability I declare that the data I provided above do reflect the truth

3.

locality

year

month

day

signature of taxpayer or representative (proxy)

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17T201- SUPPLEMENTARY SHEET 6

☐ Number of pages

Legal predecessors (LP), legal successors (LS)

Tax number --

Name

TO BE FILLED OUT BY THE AUTHORITY

date

Code of receiving person

place of stamp

signature

LP/LS	Description	Tax number
1.		<input type="text"/> - <input type="text"/> - <input type="text"/>
2.		<input type="text"/> - <input type="text"/> - <input type="text"/>
3.		<input type="text"/> - <input type="text"/> - <input type="text"/>
4.		<input type="text"/> - <input type="text"/> - <input type="text"/>
5.		<input type="text"/> - <input type="text"/> - <input type="text"/>
6.		<input type="text"/> - <input type="text"/> - <input type="text"/>
7.		<input type="text"/> - <input type="text"/> - <input type="text"/>
8.		<input type="text"/> - <input type="text"/> - <input type="text"/>

Being aware of my legal liability I declare that the data I provided above do reflect the truth

☞

locality

year

month

day

signature of taxpayer or representative (proxy)

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17T201- SUPPLEMENTARY SHEET 8

Number of pages

Data of legal representatives

Tax number: --

Name

TO BE FILLED OUT BY THE AUTHORITY

2 0 1

date

Code of receiving person

place of stamp

signature

1. U/T ☐

Name (description): Nationality: Phone number:

Tax identification code: Tax number: --

Has no tax identification code: ☐ Data Sheet T34 attached: ☐

Place of abode (registered seat): country postal code town, township, etc.

name of public place type of public place number/topographical lot number number of building stair-case floor, door

Type of representation ☐

Starting date of this legal relationship:

Date of termination, in the case of a fixed-term legal relationship:

2. U/T ☐

Name (description): Nationality: Phone number:

Tax identification code: Tax number: --

Has no tax identification code: ☐ Data Sheet T34 attached: ☐

Place of abode (registered seat): country postal code town, township, etc.

name of public place type of public place number/topographical lot number number of building stair-case floor, door

Type of representation ☐

Starting date of this legal relationship:

Date of termination, in the case of a fixed-term legal relationship:

3. U/T ☐

Name (description): Nationality: Phone number:

Tax identification code: Tax number: --

Has no tax identification code: ☐ Data Sheet T34 attached: ☐

Place of abode (registered seat): country postal code town, township, etc.

name of public place type of public place number/topographical lot number number of building stair-case floor, door

Type of representation ☐

Starting date of this legal relationship:

Date of termination, in the case of a fixed-term legal relationship:

Being aware of my legal liability I declare that the data I provided above do reflect the truth

(A)

locality

year

month

day

signature of taxpayer or representative (proxy)

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17T201- SUPPLEMENTARY SHEET 9

Number of pages

For registering the members of a cost sharing group

Tax number

Name

TO BE FILLED OUT BY THE AUTHORITY

2 0 1

date

place of stamp

Code of receiving person

signature

1.	<p>U/T <input type="checkbox"/></p> <p>Name (descriptor) _____ Nationality: _____ Phone number _____</p> <p>Tax identification code: _____ Tax number: _____</p> <p>Has no tax identification code: <input type="checkbox"/> Data Sheet T34 attached: <input type="checkbox"/></p> <p>Place of abode (registered seat): _____ country _____ postal code _____ town, township, etc. _____</p> <p>name of public place _____ type of public place _____ number/topographical lot number _____ number of building _____ stair-case _____ floor, door _____</p> <p>In the case of a civil association, upon registering the member, we have attached the presentation of the system of records kept by the member, which complies with the requirements specified in Article 85/A (3) of the VAT Act, as well as the statement on undertaking joint and several responsibility by the member. <input type="checkbox"/></p> <p>In the case of other, already operating taxpayers, we have attached the presentation of the system of records kept by the member, which complies with the requirements specified in Article 85/A (3) of the VAT Act, as well as the member's statements (statements relating to the number of members, keeping records, as well as joint and several responsibility) stipulated in Article 85/A (8) b) and c) of the VAT Act. <input type="checkbox"/></p>
2.	<p>U/T <input type="checkbox"/></p> <p>Name (descriptor) _____ Nationality: _____ Phone number _____</p> <p>Tax identification code: _____ Tax number: _____</p> <p>Has no tax identification code: <input type="checkbox"/> Data Sheet T34 attached: <input type="checkbox"/></p> <p>Place of abode (registered seat): _____ country _____ postal code _____ town, township, etc. _____</p> <p>name of public place _____ type of public place _____ number/topographical lot number _____ number of building _____ stair-case _____ floor, door _____</p> <p>In the case of a civil association, upon registering the member, we have attached the presentation of the system of records kept by the member, which complies with the requirements specified in Article 85/A (3) of the VAT Act, as well as the statement on undertaking joint and several responsibility by the member. <input type="checkbox"/></p> <p>In the case of other, already operating taxpayers, we have attached the presentation of the system of records kept by the member, which complies with the requirements specified in Article 85/A (3) of the VAT Act, as well as the member's statements (statements relating to the number of members, keeping records, as well as joint and several responsibility) stipulated in Article 85/A (8) b) and c) of the VAT Act. <input type="checkbox"/></p>
3.	<p>U/T <input type="checkbox"/></p> <p>Name (descriptor) _____ Nationality: _____ Phone number _____</p> <p>Tax identification code: _____ Tax number: _____</p> <p>Has no tax identification code: <input type="checkbox"/> Data Sheet T34 attached: <input type="checkbox"/></p> <p>Place of abode (registered seat): _____ country _____ postal code _____ town, township, etc. _____</p> <p>name of public place _____ type of public place _____ number/topographical lot number _____ number of building _____ stair-case _____ floor, door _____</p> <p>In the case of a civil association, upon registering the member, we have attached the presentation of the system of records kept by the member, which complies with the requirements specified in Article 85/A (3) of the VAT Act, as well as the statement on undertaking joint and several responsibility by the member. <input type="checkbox"/></p> <p>In the case of other, already operating taxpayers, we have attached the presentation of the system of records kept by the member, which complies with the requirements specified in Article 85/A (3) of the VAT Act, as well as the member's statements (statements relating to the number of members, keeping records, as well as joint and several responsibility) stipulated in Article 85/A (8) b) and c) of the VAT Act. <input type="checkbox"/></p>

Being aware of my legal liability I declare that the data I provided above do reflect the truth

2

locality

year

month

day

signature of taxpayer or representative (proxy)

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17T201- SUPPLEMENTARY SHEET 11

Statement on data relating to foreign members
for companies with real estate holdings

Number
of pages

Tax number -

Name of organisation:

TO BE FILLED OUT
BY THE AUTHORITY

date

place of stamp

Code of receiving person

signature

U/T	Date of sale of business share of foreign member(s)	Face value of share	Place of residence of foreign member
1.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
13.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
14.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
15.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
16.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
17.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
18.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
19.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
20.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
21.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
22.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
23.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
24.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
25.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>

Being aware of my legal liability I declare that the data I provided above do reflect the truth

(A)

locality

year

month

day

signature of taxpayer or representative (proxy)

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17T201- SUPPLEMENTARY SHEET 12

Number of pages

Reporting of acquisition of intangible assets
creating eligibility for royalty

Tax number

Name

TO BE FILLED OUT
BY THE AUTHORITY

2 0 1

date

place of stamp

Code of receiving person

signature

	U / T	Description of intangible asset(s)	Date of acquisition	Date of change
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
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18.				
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22.				
23.				
24.				
25.				

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FILLED!