



# 20T101

## FOR REGISTRATION AND REPORTING CHANGES

for private individuals who are obliged to obtain a tax ID number, but are not registered as private entrepreneurs

Place of bar code

National Tax and Customs Administration

|  |                               |                      |  |                      |                      |                      |
|--|-------------------------------|----------------------|--|----------------------|----------------------|----------------------|
| <b>TO BE FILLED OUT BY THE AUTHORITY</b> | Receipt / arrival             | <input type="text"/> | Code of receiving  | <input type="text"/> | VAT code             | <input type="text"/> |
|  | Date of mailing               | <input type="text"/> | <b>H U</b>   | <input type="text"/> |                      |                      |
|  | Tax ID number                 | <input type="text"/> | Community tax ID number  |                      | <input type="text"/> |                      |
|  | Customs identification number | <b>H U</b>           | <input type="text"/>   | /                    | <input type="text"/> | <input type="text"/> |
|  | Date                          | <input type="text"/> | Starting / finishing date of effect of Community tax ID number |                      | <input type="text"/> |                      |

**Place of stamp**

### TO BE FILLED OUT BY THE TAXPAYER

#### Correction of the erroneous Data Sheet submitted earlier

*This field must be filled out in the cases described in the Instructions.*

Registration number of the Data Sheet to be corrected, based on the notice of the National Tax and Customs Administration.

#### Reason for submission of the Data Sheet

**Type of report** (Registration: [1]. Reporting changes in data: [2]. Registration following cancellation of tax ID number: [3].)

Please issue a tax ID number

Please issue a customs ID number

EORI number (a customs ID number for any customs procedure and fulfilment of registration tax liability) [1]

VPID number (a customs ID number exclusively for meeting registration tax liability) [2]

#### Request or cancellation of a Community tax ID number

Please issue a Community tax ID number:

Please cancel my Community tax ID number:

#### Identification data

*In case of reporting changes in data or registration following cancellation of tax number, providing tax ID number or Customs ID number is mandatory.*

Surname and forename \_\_\_\_\_

3.

**Tax ID code**

Has no tax ID code:

Data Sheet 'T34 is attached:

**Tax ID number**

**EORI/VPID number issued in Hungary**

**H U** 

#### Data of contact person

*Filling out is not mandatory.*

4.

**Name of the person filling out the Data Sheet:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Detail sheets and supplementary sheets filled out**

5.

**A**  **F** 

Supplementary sheets:

**1.**  **2.**  **5.** 

Detail sheets:

I acknowledge that, pursuant to Article 16 (3) of the Act on the Rules of Taxation, the tax authority shall refuse to issue a tax ID number if the data provided by the taxpayer are false or insufficient; and / or, pursuant to Article 38 (1) d) of the Act on the Rules of Taxation, the tax authority shall delete from the records of taxpayers the taxpayer who reports termination of his activity, or whose authorization to pursue his activity is revoked.

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

Date and place:

locality

year

month

day

name of taxpayer or representative / proxy in capital letters

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

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

**place of stamp**

signature of taxpayer or representative (proxy)

## Requesting a tax ID number, reporting changes

|     |  |
|-----|--|
| 1.  | <p><b>Registered seat of a private entrepreneur</b> <input type="checkbox"/> N/C/M <input type="checkbox"/> <b>Date when the change takes place:</b> _____</p> <p><i>To be filled only in case of activities as per sub-points b) to f) of Article 3, point 17 of the PIT Act. The seat can be cancelled if such an activity is not carried out any more.</i> town, township, etc.</p> <p>_____ postal code _____</p> <p>_____ name of public _____ type of public _____ number/topogra- _____ number _____ staircase _____ floor _____ door _____<br/>             _____ place _____ place _____ phical lot number _____ of building _____</p> <p>Number of operation license: _____ Date: _____</p>  |
| 2.  | <p><b>Branch office</b> <input type="checkbox"/> N/C/M <input type="checkbox"/> <b>Date when the change takes place:</b> _____</p> <p>_____ country _____ postal code _____ town, township, etc.</p> <p>_____ name of public _____ type of public _____ number/topogra- _____ number _____ staircase _____ floor _____ door _____<br/>             _____ place _____ place _____ phical lot number _____ of building _____</p> <p>Number of operation license: _____ Date: _____ <i>May be continued on Supplementary Sheet 2</i></p> <p>The branch office is qualified as a branch office stipulated in the Htv. (1-Yes, 2-No) <input type="checkbox"/></p>   |
| 3.  | <p><b>Postal address</b> <input type="checkbox"/> N/C <input type="checkbox"/> <b>Date when the change takes place:</b> _____</p> <p><i>If differs from seat and branch office address.</i> _____ country _____ postal code _____ town, township, etc. post office box _____</p> <p>_____ name of public _____ type of public _____ number/topogra- _____ number _____ staircase _____ floor _____ door _____<br/>             _____ place _____ place _____ phical lot number _____ of building _____</p>   |
| 4.  | <p><b>Storage place of documents, electronic certificates and records</b> <input type="checkbox"/> N/C <input type="checkbox"/> <b>Date when the change takes place:</b> _____</p> <p><i>If differs from seat and branch office address.</i> _____ country _____ postal code _____ town, township, etc.</p> <p>_____ name of public _____ type of public _____ number/topogra- _____ number _____ staircase _____ floor _____ door _____<br/>             _____ place _____ place _____ phical lot number _____ of building _____</p> <p style="text-align:right;"><i>May be continued on Supplementary sheet 2</i></p>  |
| 5.  | <p><b>Statement on electronic storage providing online access to electronic certificates, books and records stipulated in the VAT Act</b> <input type="checkbox"/> N/C <input type="checkbox"/> <b>Date when the change takes place:</b> _____</p> <p>I store electronic documents, books and records electronically, pursuant to the VAT Act, with granting online access. <input type="checkbox"/></p>   |
| 6.  | <p><b>Form of performing activities</b> <input type="checkbox"/> N <input type="checkbox"/> <b>Date when the change takes place:</b> _____</p> <p>A private individual, who is carrying out taxable activities as not a private entrepreneur (e.g., renting property, primary agricultural producer): [3]<br/>             A private entrepreneur pursuant to the Article 3, point 17, sub-points b) to f) of the PIT Act, who is not listed in the records of private entrepreneurs: [2]<br/>             A private individual, who is considered as a paying agent or employer, thus required to obtain a tax ID number [e.g. employing a person (e.g. gardener), primary agricultural producer employing a labourer]: [4]. <input type="checkbox"/></p>   |
| 7.  | <p><b>Main activity</b> <input type="checkbox"/> N/M <input type="checkbox"/> <b>Date when the change takes place:</b> _____</p> <p>ÖVTJ code (Activity List of Independent Businesses): _____ Denomination: _____ Number of operation license _____ Date: _____</p> <p>_____</p>  |
| 8.  | <p>_____ <input type="checkbox"/> <input type="checkbox"/> _____</p> <p>_____ <input type="checkbox"/> N/C/M <input type="checkbox"/> <b>Date when the change takes place:</b> _____</p> <p>_____ <input type="checkbox"/> _____</p> <p style="text-align:right;"><i>May be continued on Supplementary sheet 1</i></p>   |
| 9.  | <p><b>Starting date of activity generating taxable income</b> _____</p> <p><i>If you fulfill registration obligation, in unlawful way, after the commencement of activity you must declare the starting date of activity.</i></p>  |
| 10. | <p><b>Type of work</b> <input type="checkbox"/> N <input type="checkbox"/> <b>Date when the change takes place:</b> _____</p> <p>As a full-time job: [1] --- In addition to being employed for up to 36 hours per week: [2] --- In addition to being employed for less than 36 hours per week: [3] --- In addition to being on pension: [4] In addition to being a regular full-time student: [5] --- Being a private entrepreneur, in addition to having a membership in a business association: [8] --- Being a private entrepreneur, in addition to having a membership in a business association, and also being employed for less than 36 hours per week at the same time: [9] --- Private entrepreneur / primary agricultural producer, in addition to being employed in another EEA Member State:[0] --- Renting activities only: [A] --- A paying agent or employer only: [B] <input type="checkbox"/></p> |



# 20T101-A03

Name: \_\_\_\_\_

Tax ID code: \_\_\_\_\_

Tax ID number: \_\_\_\_\_

19.

**Opting for or terminating a flat rate taxation or itemized flat rate taxation**

Date when the change takes place: \_\_\_\_\_

As per Article 3, point 17 sub-points b) to f) of the PIT Act, I opt for a flat rate taxation in relation to my new private entrepreneur activity. I opt for a flat rate taxation in relation to my new small agricultural producer activity. I opt for an itemized flat rate taxation in relation to my paying guest service provider activity. In relation to my private entrepreneur activity, my eligibility to apply the flat rate taxation is terminated. In relation to my small agricultural producer activity, my eligibility to apply the flat rate taxation is terminated. In relation to my paying guest service activity, my eligibility to apply the itemized flat rate taxation is terminated. 

20.

**Statements and data relating to the fixed-rate tax of small-scale taxpayer enterprises (KATA)**

*To be filled out in the case of opting for the fixed-rate tax of small-scale taxpayer enterprises and when statements are modified.  
The statements are valid as of the first day of the month following the month when the statement was communicated.*

I register under the fixed-rate tax of small-scale taxpayer enterprises, and I also register myself, as a private individual, small-scale taxpayer. 

Social security identification code \_\_\_\_\_

I classify as a full-time small-scale taxpayer 

Date when the change takes place: \_\_\_\_\_

As a full-time small-scale taxpayer, I hereby declare that my social insurance shall become effective from this statement onward As a full-time small-scale taxpayer, I hereby declare that I opt for the payment of a higher amount of itemized tax (i.e. HUF 75 thousand), pursuant to Article 7 (3) of the Act on the fixed-rate tax of small-scale taxpayer enterprises and small business tax As a full-time small-scale taxpayer, I hereby declare that my obligation to pay a higher amount of itemized tax (i.e. HUF 75 thousand) is terminated, pursuant to Article 7 (3) of the Act on the fixed-rate tax of small-scale taxpayer enterprises and small business tax **Reporting an exemption from the obligation to pay itemized tax of small-scale taxpayers**N/C 

I report change for the following month: \_\_\_\_\_ year \_\_\_\_\_ month

I report that I shall incur no itemized tax payment obligation in the marked subject month due to the following reason *Please write the appropriate code as per the instructions.***Termination of the KATA-taxpayer status**I hereby report that I do not wish to apply the provisions relating to the itemized taxation of small-scale taxpayer enterprises as of the last day of the month of this report. In parallel with reporting the termination of my KATA-taxpayer status, I opt for a flat rate taxation for my private entrepreneur activity. 

I hereby report acquiring revenues as defined by the Article 4 (4) of the Act on the fixed-rate tax of small-scale taxpayer enterprises and small business tax, the date of which: \_\_\_\_\_

20 \_\_\_\_\_

# 20T101-F01

Name: \_\_\_\_\_

Tax ID code: \_\_\_\_\_

Tax ID number: \_\_\_\_\_

## VAT statements

### Special reason for VAT taxpayer status

Date when the change takes place: \_\_\_\_\_

1. I sell new means of transport to the territory of the Community: [2].
2. I sell buildings or building sites in series of transactions: [3].
3. I only become a VAT subject due to intra-Community sales serving as the basis of tax exempt import of products, and I do not use an indirect customs representative for the tax exempt import of products: [4].

### Reporting VAT warehouse operator status pursuant to the Article 89/A of the Act on Value Added Tax (VAT Act)

New data: "N", cancelling former data: "C"

N/C 

Date when the change takes place: \_\_\_\_\_

2. I act as the operator of VAT warehouse defined in the Article 89/A of the VAT Act.

### Reporting indirect customs representative status pursuant to the Article 96 of the VAT Act

New data: "N", cancelling former data: "C"

N/C 

Date when the change takes place: \_\_\_\_\_

3. I act as an indirect customs representative defined in the Article 96 of the VAT Act.

### Preclusion of VAT taxability

Date when the change takes place: \_\_\_\_\_

5. I do not classify as a VAT subject, pursuant to the following provisions of the VAT Act:  
Article 5 (I carry out no economic activities as per the VAT Act): [1],  
Article 7 (I carry out activities only as an organization vested with executive powers): [2].

### Method of assessment of the VAT payment obligation

*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.*

Date when the change takes place: \_\_\_\_\_

1. I establish the VAT payment obligation as per the general rules. **[1]**
2. I establish the VAT payment obligation as per the general rules, due to exceeding the threshold entitling to an individual tax exemption status. **[C]**
3. Being a dealer, I apply the provisions of Sub-Chapter XVI/2 of the VAT Act to this activity. **[G]**
4. Being a dealer, I do not apply the provisions of Sub-Chapter XVI/2 of the VAT Act to the whole of this activity. **[H]**
5. In order to assess the amount of tax, I apply the global records-based method. **[I]**
6. I 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]**
7. I establish the VAT payment obligation according to the special rules relating to the organizer of a public auction. **[K]**
8. I establish the VAT payment obligation by using the individual records-based method relating to tour operating service providers. **[L]**
9. I render my activities of supplying investment gold to another taxpayer taxable. **[M]**
10. I render my agency activities of acting in the name and on behalf of another person supplying investment gold taxable. **[R]**
11. I establish the VAT payment obligation as per the general rules, instead of the agricultural compensation system. **[N]**
12. I choose taxability as per the general rules, instead of tax exemption, in the case of letting or leasing real estate property [or part thereof] not considered to be a residential property. **[S]**
13. I 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]**
14. I 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]**
15. I 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]**

# 20T101-F02

Name: \_\_\_\_\_

Tax ID code: \_\_\_\_\_

Tax ID number: \_\_\_\_\_

|  |  |  |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|--|--|--|---|--------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|---------------------------------|---|--------------------------------|--|---------------------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--|---|---------------------------------|------------------------------------|--------------------------------|-----------------------------------|--|--|
| 7.   | <b>VAT exemption (not obliged to pay VAT)</b>  | <b>Date when the change takes place:</b> _____       |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | 1. I carry out only non-taxable activities due to the public benefit or other special nature of such activities.   | [6] <input type="checkbox"/>                         |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | 2. I opt for an individual tax exemption status.   | [2] <input type="checkbox"/>                         |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | 3. Pursuant to Chapter XIV of the VAT Act, I carry out activities considered to be agricultural activities, and I claim payment of the compensation surcharge.   | [7] <input type="checkbox"/>                         |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | 4. I opt for an individual tax exempt status in addition to applying the agricultural compensation system.   | [8] <input type="checkbox"/>                         |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| 5. I waive the application of the agricultural compensation system, and opt for an individual tax exemption status.  | [5] <input type="checkbox"/>   |  |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| 8.   | <b>Compliance with VAT payment obligations in (an)other Member State(s)</b>  | <b>Date when the change takes place:</b> _____       |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | I comply with the VAT payment obligation in the following Member State(s) by choice (1), due to exceeding threshold (2) [Please mark code 1 or 2]:   |  |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| <table border="0"><tr><td><input type="checkbox"/> Austria</td><td><input type="checkbox"/> Denmark</td><td><input type="checkbox"/> Netherlands</td><td><input type="checkbox"/> Luxembourg</td><td><input type="checkbox"/> Portugal</td><td><input type="checkbox"/> Slovenia</td></tr><tr><td><input type="checkbox"/> Belgium</td><td><input type="checkbox"/> Estonia</td><td><input type="checkbox"/> Ireland</td><td><input type="checkbox"/> Malta</td><td><input type="checkbox"/> Romania</td><td><input type="checkbox"/> Croatia</td></tr><tr><td><input type="checkbox"/> Bulgaria</td><td><input type="checkbox"/> Finland</td><td><input type="checkbox"/> Poland</td><td><input type="checkbox"/> United Kingdom</td><td><input type="checkbox"/> Spain</td><td></td></tr><tr><td><input type="checkbox"/> Cyprus</td><td><input type="checkbox"/> France</td><td><input type="checkbox"/> Latvia</td><td><input type="checkbox"/> Germany</td><td><input type="checkbox"/> Sweden</td><td></td></tr><tr><td><input type="checkbox"/> Czech Republic</td><td><input type="checkbox"/> Greece</td><td><input type="checkbox"/> Lithuania</td><td><input type="checkbox"/> Italy</td><td><input type="checkbox"/> Slovakia</td><td></td></tr></table> |  | <input type="checkbox"/> Austria                     | <input type="checkbox"/> Denmark        | <input type="checkbox"/> Netherlands | <input type="checkbox"/> Luxembourg | <input type="checkbox"/> Portugal | <input type="checkbox"/> Slovenia | <input type="checkbox"/> Belgium | <input type="checkbox"/> Estonia | <input type="checkbox"/> Ireland | <input type="checkbox"/> Malta | <input type="checkbox"/> Romania | <input type="checkbox"/> Croatia | <input type="checkbox"/> Bulgaria | <input type="checkbox"/> Finland | <input type="checkbox"/> Poland | <input type="checkbox"/> United Kingdom | <input type="checkbox"/> Spain |  | <input type="checkbox"/> Cyprus | <input type="checkbox"/> France | <input type="checkbox"/> Latvia | <input type="checkbox"/> Germany | <input type="checkbox"/> Sweden |  | <input type="checkbox"/> Czech Republic | <input type="checkbox"/> Greece | <input type="checkbox"/> Lithuania | <input type="checkbox"/> Italy | <input type="checkbox"/> Slovakia |  |  |
| <input type="checkbox"/> Austria   | <input type="checkbox"/> Denmark   | <input type="checkbox"/> Netherlands                 | <input type="checkbox"/> Luxembourg     | <input type="checkbox"/> Portugal    | <input type="checkbox"/> Slovenia   |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| <input type="checkbox"/> Belgium   | <input type="checkbox"/> Estonia   | <input type="checkbox"/> Ireland                     | <input type="checkbox"/> Malta          | <input type="checkbox"/> Romania     | <input type="checkbox"/> Croatia    |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| <input type="checkbox"/> Bulgaria  | <input type="checkbox"/> Finland   | <input type="checkbox"/> Poland                      | <input type="checkbox"/> United Kingdom | <input type="checkbox"/> Spain       |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| <input type="checkbox"/> Cyprus  | <input type="checkbox"/> France  | <input type="checkbox"/> Latvia                      | <input type="checkbox"/> Germany        | <input type="checkbox"/> Sweden      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| <input type="checkbox"/> Czech Republic  | <input type="checkbox"/> Greece  | <input type="checkbox"/> Lithuania                   | <input type="checkbox"/> Italy          | <input type="checkbox"/> Slovakia    |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| 10.  | <b>Statement pursuant to Articles 20 and 257/B of the VAT Act</b>  | <b>Date when the change takes place:</b> _____       |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | 1. The price of products I purchased in another Member State during the tax year exceeds EUR 10,000.   | [8] <input type="checkbox"/>                         |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | 2. The price of products I purchased in another Member State during the tax year does not exceed EUR 10,000, but I opt for a VAT payment obligation in Hungary.  | [9] <input type="checkbox"/>                         |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | 3. I am engaged only in activities not entitling to tax deductions, or I opted for an individual tax exempt status, or I am classified as a VAT subject of special status engaged only in agricultural activities, I do not have a Community tax number, and I provide services to or use the services of taxpayer(s) resident in another EC Member State.   | [7] <input type="checkbox"/>                         |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | 4. I am engaged only in activities not entitling to tax deductions, or I opted for an individual tax exempt status, or I am classified as a VAT subject of special status engaged only in agricultural activities, and, while applying Article 20 (7) of the VAT Act, I disclosed my Community tax number to the supplier of such goods.   | [B] <input type="checkbox"/>                         |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| 11.  | <b>Reporting the application of MNB or ECB exchange rate, based on Article 80 (2) b) or Article 80/A of the VAT Act</b><br><i>The communicated dates hereunder cannot precede the date of submission of this Data Sheet.</i>   |  |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | 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: _____ Last day of the application of the exchange rate of the MNB: _____   |  |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| 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: _____ Last day of the application of the exchange rate of the MNB: _____   |  |  |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| 12.  | <b>Statement on opting for cash accounting</b>   | <b>Date when the change takes place:</b> _____       |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | 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. <input type="checkbox"/>  | <input type="checkbox"/>                             |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| I hereby report that I stop applying cash accounting as per Chapter XIII/A of the VAT Act. <input type="checkbox"/>  |  | <input type="checkbox"/>                             |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| 13.  | <b>Request for modification pursuant to Article 257/F of the VAT Act</b>   | <b>Retroactive effect of the modification:</b> _____ |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | As per Article 20 (5), Article 30 (4), Article 45/A (5), Article 80 (2) b), Article 80/A (1), Article 88 (1), Article 192 (1), Article 196/G (1), Article 197 (1), Article 212/A (1), Article 218 (1), Article 220 (1) and Article 224 (1) of the VAT Act, I hereby request the modification of my earlier choice or of the lack of my earlier choice. The change has no impact on the amount of the tax base, payable tax and the input tax, which were assessed and declared by myself. <input type="checkbox"/> | <input type="checkbox"/>                             |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
| 14.  | <b>Statement pursuant to Article 45/A (5) of the VAT Act</b> <b>N/C</b> <input type="checkbox"/>   | <b>Date when the change takes place:</b> _____       |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |
|  | In respect of my services, which may be distance selling services as well, I apply the taxation related to the customer's place of establishment. <input type="checkbox"/>   | <input type="checkbox"/>                             |   |                                      |                                     |                                   |                                   |                                  |                                  |                                  |                                |                                  |                                  |                                   |                                  |                                 |   |                                |  |                                 |                                 |                                 |                                  |                                 |  |   |                                 |                                    |                                |                                   |  |  |

# 20T101- SUPPLEMENTARY

No. of pages:

## Activities SHEET 1

Name:

TaxID code:

Tax ID number:

|                                   |                      |                      |                      |                          |                      |
|-----------------------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|
| TO BE FILLED OUT BY THE AUTHORITY | <input type="text"/> | <input type="text"/> | <input type="text"/> | code of receiving person | <input type="text"/> |
|                                   | date                 |                      |                      | _____                    |                      |
|                                   | place of stamp       |                      |                      | signature                |                      |

| N/C/M | Date when the change takes place | ÖVTJ                 | Denomination | Type                 | Number of operation license | Date                 |
|-------|----------------------------------|----------------------|--------------|----------------------|-----------------------------|----------------------|
| 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"/> |

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



Date        
 locality year month day

\_\_\_\_\_ signature of taxpayer or representative (proxy)

# 20T101- SUPPLEMENTARY

No. of pages:

## Branch offices SHEET 2

Name:

Tax ID code:

Tax ID number:

TO BE FILLED OUT BY THE AUTHORITY

code of receiving person

date

place of stamp

signature

1.  N/C/M  Date when the change takes place:

country  postal code  town, township, etc.

name of public place  type of public place  number/topographical lot number  number of building  staircase  floor  door

Number of operation license:  Date:

The branch office is qualified as branch office stipulated by the Htv. (1-Yes, 2-No)

2.  N/C/M  Date when the change takes place:

country  postal code  town, township, etc.

name of public place  type of public place  number/topographical lot number  number of building  staircase  floor  door

Number of operation license:  Date:

The branch office is qualified as branch office stipulated by the Htv. (1-Yes, 2-No)

3.  N/C/M  Date when the change takes place:

country  postal code  town, township, etc.

name of public place  type of public place  number/topographical lot number  number of building  staircase  floor  door

Number of operation license:  Date:

The branch office is qualified as branch office stipulated by the Htv. (1-Yes, 2-No)

4.  N/C/M  Date when the change takes place:

country  postal code  town, township, etc.

name of public place  type of public place  number/topographical lot number  number of building  staircase  floor  door

Number of operation license:  Date:

The branch office is qualified as branch office stipulated by the Htv. (1-Yes, 2-No)

5.  N/C/M  Date when the change takes place:

country  postal code  town, township, etc.

name of public place  type of public place  number/topographical lot number  number of building  staircase  floor  door

Number of operation license:  Date:

The branch office is qualified as branch office stipulated by the Htv. (1-Yes, 2-No)

6.  N/C/M  Date when the change takes place:

country  postal code  town, township, etc.

name of public place  type of public place  number/topographical lot number  number of building  staircase  floor  door

Number of operation license:  Date:

The branch office is qualified as branch office stipulated by the Htv. (1-Yes, 2-No)

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



Date       
locality year month day

signature of taxpayer or representative (proxy)



# 20T101- SUPPLEMENTARY

No. of pages

|  |  |
|--|--|
|  |  |
|--|--|

## Storage place of documents SHEET 5

Name: \_\_\_\_\_

Tax ID code: \_\_\_\_\_

Tax ID number: \_\_\_\_\_

TO BE FILLED OUT BY THE AUTHORITY

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

Code of receiving person

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

date  
place of  
stamp

signature

### Address of storage place of documents, electronic certificates and records

1.  N/C  Date when the change takes place: \_\_\_\_\_

\_\_\_\_\_ country \_\_\_\_\_ postal code \_\_\_\_\_ town, township, etc.

\_\_\_\_\_ name of public \_\_\_\_\_ type of public \_\_\_\_\_ number/topogra- \_\_\_\_\_ number of building \_\_\_\_\_ staircase \_\_\_\_\_ floor \_\_\_\_\_ door  
place place physical lot number

2.  N/C  Date when the change takes place: \_\_\_\_\_

\_\_\_\_\_ country \_\_\_\_\_ postal code \_\_\_\_\_ town, township, etc.

\_\_\_\_\_ name of public \_\_\_\_\_ type of public \_\_\_\_\_ number/topogra- \_\_\_\_\_ number of building \_\_\_\_\_ staircase \_\_\_\_\_ floor \_\_\_\_\_ door  
place place physical lot number

3.  N/C  Date when the change takes place: \_\_\_\_\_

\_\_\_\_\_ country \_\_\_\_\_ postal code \_\_\_\_\_ town, township, etc.

\_\_\_\_\_ name of public \_\_\_\_\_ type of public \_\_\_\_\_ number/topogra- \_\_\_\_\_ number of building \_\_\_\_\_ staircase \_\_\_\_\_ floor \_\_\_\_\_ door  
place place physical lot number

4.  N/C  Date when the change takes place: \_\_\_\_\_

\_\_\_\_\_ country \_\_\_\_\_ postal code \_\_\_\_\_ town, township, etc.

\_\_\_\_\_ name of public \_\_\_\_\_ type of public \_\_\_\_\_ number/topogra- \_\_\_\_\_ number of building \_\_\_\_\_ staircase \_\_\_\_\_ floor \_\_\_\_\_ door  
place place physical lot number

5.  N/C  Date when the change takes place: \_\_\_\_\_

\_\_\_\_\_ country \_\_\_\_\_ postal code \_\_\_\_\_ town, township, etc.

\_\_\_\_\_ name of public \_\_\_\_\_ type of public \_\_\_\_\_ number/topogra- \_\_\_\_\_ number of building \_\_\_\_\_ staircase \_\_\_\_\_ floor \_\_\_\_\_ door  
place place physical lot number

6.  N/C  Date when the change takes place: \_\_\_\_\_

\_\_\_\_\_ country \_\_\_\_\_ postal code \_\_\_\_\_ town, township, etc.

\_\_\_\_\_ name of public \_\_\_\_\_ type of public \_\_\_\_\_ number/topogra- \_\_\_\_\_ number of building \_\_\_\_\_ staircase \_\_\_\_\_ floor \_\_\_\_\_ door  
place place physical lot number

7.  N/C  Date when the change takes place: \_\_\_\_\_

\_\_\_\_\_ country \_\_\_\_\_ postal code \_\_\_\_\_ town, township, etc.

\_\_\_\_\_ name of public \_\_\_\_\_ type of public \_\_\_\_\_ number/topogra- \_\_\_\_\_ number of building \_\_\_\_\_ staircase \_\_\_\_\_ floor \_\_\_\_\_ door  
place place physical lot number

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

(A) Date \_\_\_\_\_  
locality year month day

signature of taxpayer or representative (proxy)