

VAT Id N°: LU

Id number :

Entry date :

**Service de coopération administrative
en matière de taxe sur la valeur ajoutée**

Adr. postale: B.P. 31, L-2010 Luxembourg

Bureaux: 14, avenue de la Gare,
L-1610 Luxembourg

Tél.: (+352) 247-80726
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(Name, position, company name)

(Street, number)

(Country code, post code and city)

RECAPITULATIVE STATEMENT OF THE INTRACOMMUNITY SUPPLIES OF SERVICES ¹⁾

in respect of month _____ 20__ ²⁾

I. STATEMENT OF INTRACOMMUNITY SUPPLIES OF SERVICES

N°	County code and VAT identification number of the intracommunity acquirer		Total amount less discounts, returns, rebates and credit notes for supplies of services for the same acquirer for whom the tax is payable during the declaration period referred to above, on the territory of the Member State on which this service provision is deemed to have taken place ³⁾
	COUNTRY CODE 01	NUMBER 02	
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TOTAL AMOUNT:			04

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II. STATEMENT OF CORRECTIONS TO FIGURES PROVIDED IN STATEMENT I. OF THE PREVIOUS RECAPITULATIVE STATEMENTS

Corrections to figures provided in statement I. of the previous recapitulative statements and relating to the same acquirer are made separately in statement II.

N°	Country code and VAT identification number of the acquirer of the intracommunity supply of service referred to in statement I.		Indications in relation to the recapitulative statement to which the correction refers			Correction by a +/- amount of the figures provided in statement I. of previous recapitulative statements for a specified number and period of declaration
	COUNTRY CODE	NUMBER	YEAR	QUARTER	MONTH	
	09	10	11	12	18	
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TOTAL AMOUNT OF CORRECTIONS:						16

1. This recapitulative statement must be fully completed in EUR.
2. Refer to the filing details at www.aed.public.lu
3. The amount of discounts, including rebates, returns and credit notes granted during the period to which the recapitulative statement refers, should be preceded by the minus sign "-", if no supply to the specified acquirer is declared for this same period.

This statement is true and complete.

_____, on the _____

Signature(s)