

XYZ Corporation Annual Report

General Not for Profit Corporation Act

DI Dr. Max Mustermann

Department for Important Things

501 Important Street

8010 Graz

www.importantcompany.com

Reporting Month: _____ File #: _____

1. Corporation Name: _____

2. Registered Agent: _____

Registered Agent ID: _____

Registered Department: _____

City, ZIP, County: _____

3. Date of Incorporation/Qualification: _____ 4. Job Title _____

5. Names of and additional information on assigned projects:

Name	Description	Starting Date	Ending Date

6. Brief statement of type of business of the corporation: _____

7. Have there been any business trips?

☐ Yes

☐ No

8. If yes, provide destination and duration: _____

9. Are there additional documents for a reimbursement to consider?

☐ Yes

☐ No

10. Total working hours: _____

11. Progress summary: _____

12. I declare that this Annual Report has been examined by me and is to the best of my knowledge correct and complete.

