

CHECKLIST FOR THE TAX DECLARATION

	Partner 1 / Single	Partner 2
Surname		
First Name		
Street		
Postcode, City		
Date of Birth		
Confession		
Marital Status as of 31.12 (tax year)		
Telephone		
E-Mail		

**Children**

First Name	Date of Birth	School Start / End School	Confession

**To be completed only if parents are taxed separately (please tick as appropriate)**

Living in your household	Yes	No	
Parental Care	Yes	No	Together
Living in your household	Yes	No	

**Please tick the appropriate box for the following questions and enclose the corresponding copies of supporting documents.**

**Only for new clients**

To enable us to process your tax return as efficiently and on time as possible, please submit the following documents:

Tax form                      Copy of last tax return                      Copy of last definitive tax assessment

Income (enclose copies)	Partner 1 / Single	Partner 2
Wage statements		
Income from pensions		
Other Revenue		

# CHECKLIST FOR THE TAX DECLARATION

## Alimonies (enclose copies)

**Paid**

**Received**

Maintenance contributions for spouses  
(separated / divorced)  
(Please incl. written agreement)

Child support contributions

## Assets (enclose copies)

Bank statements (incl. statements from banks abroad) as of 31.12. (of tax year)

Shares in companies

Name of the company .....

Shares / funds / bonds / time deposits Receipts as of 31.12 (of tax year)

Loan granted to (enclose contract) .....

## Debts (enclose copies)

Mortgages (incl. those abroad) as of 31.12 (of tax year)

Other debts e.g. open tax invoices, credit cards etc.

Loan received from (enclose contract) .....

## Professional expenses Partner 1 / Single

Workload Full Time Part-time employed (in %) .....

No. of working days per week .....

Route to work Car ..... km/day (back & forth)

Public transport Price ..... per year

Bicycle / Scooter

Self-paid (continuing) education or retraining (incl. invoice)

## Professional expenses Partner 2

Workload Full Time Part-time employed (in %) .....

No. of working days per week .....

Route to work Car ..... km/day (back & forth)

Public transport Price ..... per year

Bicycle / Scooter

Self-paid (continuing) education or retraining (incl. invoice)

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### Assets (enclose copies)

- Contributions to pillar 3a / 2nd pillar
  - Health insurance premium
  - Premium reduction
  - Self-paid medical expenses e.g. glasses, dentist etc.
  - Third care costs e.g. KITA, day care
  - Retirement and nursing home costs
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### Real estate (enclose copies)

- Home Condominium ownership
  - Rental income
  - Estimation Order of the Tax Administration
  - Property maintenance e.g. repairs etc.
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### Inheritances / Donations

- |                      |          |                     |
|----------------------|----------|---------------------|
| Donations            | on ..... | received from ..... |
| Donations            | on ..... | aligned to .....    |
| Inheritance advances | on ..... | received from ..... |
| Inheritance advances | on ..... | aligned to .....    |
| Inheritance          | on ..... | received from ..... |
- Name and date of death of the decedent .....
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### Other

- Lotto winnings (enclose winnings statement)
- Capital benefits e.g. retirement 3a or pension fund payments (enclose copy)
- Life insurance (enclose copy)
- Donate (enclose copies)
- Other assets e.g. gold, pictures etc. (enclose receipts)
- Vehicles, boats Type / Brand .....
- Vehicle registration no. ....
- Year of purchase .....
- Acquisition value in CHF .....