

Checklist tax declaration

First and last name	
Address	
Phone number	
Email	
Date of birth	
Residence permit	
Denomination	
Civil status/ since	
Profession	
Employer / place of work	
Workload in %	

Existing clients: Please only note data which has changed.

Customer promise: We process tax declarations as they are received. As we have a large number of enquiries, there may occasionally be longer waiting times. However, we do our best to complete your tax return in a timely manner.

Deadlines: If we receive the documents later than 6 weeks before the deadline, we automatically request an extension of the deadline (where possible) to avoid a fine from the tax authorities (in this case, any extension costs would be paid by the client).

Please attach/bring the following documents:

- The previous year's definitive assessment and tax return
- Deadline extended until: (enclose confirmation)
- Do you run a household on your own? yes/ no
- all salary statements and income/ALV/EO/daily allowances/subsidiary income
- Interest statements, list of securities, account statements as of 31.12.
- List of all valuables such as jewellery, gold, art, cryptocurrencies, etc.
- Statements of credit cards, credits, loans, interest on debts, mortgages
- Certificate pillar 3a/pension fund purchase
- Pension certificate/pension fund sheet
- Surrender values and policy copy Life insurance 3b
- Health insurance policy, list of self-paid medical expenses
- Certificate of party contributions/donations/gifts
- Details of any foreign assets (accounts, real estate, etc.)
- Statement for participation in a community of heirs

Choose your canton:

AG Adress number

Tax form for the respective tax year (Tax Administration form)

BE ZPV number

Case number (*Fallnummer*)

ID Code

FR AHV Nummer

Chapter number (*Kapitelnummer*)

Resident at 01.01 & 31.12

Tax form for the respective tax year (Tax Administration form)

Children: Denomination, child lives in your household, outside your household, equally in and outside your household, did both parents receive a paid wage?

yes no

VS Taxpayer number

Dossier number

Tax form

Children: Taxpayer number of the other parent

ZH AHV number

PID/Register-Nr.

Real estate:

Property number: Tax value:

Different canton

Standard rate 167.- (private individuals incl. owner-occupied residential property and a deposit). More complex situations are charged based on time spent.

Commute to work with? Car Motorbike/Scooter Bicycle Public transport
Place of work and kilometres per day/ paid subscription costs

Motor vehicle: Make/type of vehicle(s), year of purchase, purchase price, leasing (yes/no?)

Work expenses: Contribution to professional association/union

Education/training costs: Name of education/training, school and location, tuition and examination fees, costs of technical literature, various expenses, contributions to costs received from third parties

Maintenance payments: Other income or expenses such as alimony received, maintenance contributions

Number of rooms in your apartment/house and annual net rental/mortgage interest rate

Children: first and last name, child's home address, date of birth, joint custody or who? Paid childcare costs, caregiver?

Children in school or other education: Costs, name of education and expected end of education, school (name and place), child's income.

If unmarried or separated: First and last name of the other parent, their year of birth, address, alimony paid or received

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Own home: Year of construction : List of all conversions/ extensions, building lease interest paid : /year and maintenance costs, building insurance policies, Statement of renewal fund, official value, rental income (without ancillary costs)

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Heritage **Donation**, Received on: Received amount:
First and last name, date of birth and death of the deceased, address, type of relationship

Self-employment: Sector legal form
 Balance sheet and Income statement

Rare special deductions: If a weekly resident, place and costs of accommodation, travel costs to return home. Have you provided financial support to any one? First name/last name, address and date of birth of the person, type of relationship, reason for support, receipts/amount. Do you have any disability-related costs? (old-age/nursing home, helplessness allowance).
