To ensure proper income tax processing, we are obliged to collect the data below. Please make sure to report any changes in the course of your employment to the HR department immediately. This applies to all information that you submit below.

Please immediately send the completed form to the human resources department. Thank you!

Example / Sample: Questionnaire for Income Tax Payers

**Employee’s last/first name Date of birth Employee N**

**Marital status**

single  married  separated  divorced  widowed  unknown

incorporated partnership  separate partnership by juridic

separate partnership by death  separate partnership on missing statement

**Religious Denomination**

Christ Catholic  Protestant Evangelic  Jewish Community

Roman Catholic  Other/None

**Marriage date:** **Date of divorce:**

**Residence permit:**

**Cross-border worker / worker with weekly stay:**

Yes  No  daily return home  weekly return home

if YES, the address of the weekly stay municipality:

The following data must also be collected for ITPs resident in one of the Italian border communities under the Cross-border Workers Agreement with Italy that are gainfully employed in the three cantons of TI, GR or VS:

Birthplace:

ITP’s tax identification number in the state of residence

The date the person became a cross-border worker

**Income from other occupations or daily allowances / pensions from insurance benefits are decisive for the correct calculation of the rate-determining income.**

**Type of employment**

main occupation  additional occupation

**Other occupations**

none  in CH  abroad  in CH and abroad

In case of other occupation:

How high is the employment degree of other occupations? %

If the degree of employment cannot be quantified in %,  
what is the monthly wage? CHF   x12  x13

**Pension:**  Ja  Nein **Daily allowances:**  Ja  Nein

Wenn ja, wie hoch ist der monatliche Betrag? CHF

**Relevant information from single persons who live with children or dependent persons in the same household and to the main part pay for their living costs (single-parent families):**

Do you live with children entitled to deduction in the same household?  
 Yes: Number:  No

Do you live with a cohabiting partner in the same household?  
 Yes  No

Do you live with children entitled to deduction and a cohabiting partner in the same household?  
 Yes  No

Do you have sole custody of the children who live in the same household?   
 Yes  No

Do you have joint custody of the children who live in the same household and do you have higher gross income than the other parent?  Ja  Nein

Do you live with a child of full age in the same household and do you have higher gross income than the other parent?  Ja  Nein

**Information about the partner:**(Required if your marital status is «married» or «registered partnership»)

**Last name** **First name**

**Date of birth** **Nationality**

**Social security No.** **Gender**  M  F

**Address** (only stated if there is no joint place of residence)

**Work Payment Type**

Work or Compensatory  Work or Compensatory And Annuity  Annuity

**Employment**

Main Job  Side Job

**Place of work (Country)**

Switzerland  Foreign country  Switzerland and Foreign country

**Place of work (County)**

**Work Start**   **Work End**

Date and employee’s signature