

Example / Sample: Questionnaire for Income Tax Payers

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!

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

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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 _____