

Ms      **Person1**       Mr

Ms      **Person2**       Mr

Surname & Firstname:	<input type="text"/>	Surname & Firstname:	<input type="text"/>
Street, No.:	<input type="text"/>	Street, No.:	<input type="text"/>
ZIP code, City:	<input type="text"/>	ZIP code, City:	<input type="text"/>
Religion:	<input type="text"/>	Religion:	<input type="text"/>
Working Place:	<input type="text"/>	Working Place:	<input type="text"/>
Workload in %:	<input type="text"/>	Workload in %:	<input type="text"/>
Marital Status:	<input type="text"/>	Marital Status:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>
e-Mail:	<input type="text"/>	e-Mail:	<input type="text"/>
Name child 1 :	<input type="text"/>	DOB:	<input type="text"/>
Name child 2 :	<input type="text"/>	DOB:	<input type="text"/>
		Name child 3 :	<input type="text"/>
		DOB:	<input type="text"/>
		Name child 4 :	<input type="text"/>
		DOB:	<input type="text"/>

(For children in education, please provide details of school or training position and remaining time)

**Required documents for the tax year 2025 (all as of 31.12.2025 and worldwide)**

<b>IMPORTANT</b>	<input type="checkbox"/> Original tax forms ( <b>Steuererklärung 2025</b> )	<input type="checkbox"/> New clients: copy of tax declaration and tax assessment 2024
	<input type="checkbox"/> All end of the year salary statements	<input type="checkbox"/> Alimonies (paid / received to / from ex-partner)
<b>1. Income</b>	<input type="checkbox"/> Pension certificates (AHV, IV, SUVA, PK)	<input type="checkbox"/> Daily allowances (unemployed, sickness, accident)
	<input type="checkbox"/> Inheritance / Donation	<input type="checkbox"/> Payout of 2 <sup>nd</sup> or 3 <sup>rd</sup> pillar lump sum (vested benefits)
<b>2. Wealth</b>	<input type="checkbox"/> Bank accounts (balance, interests and fees)	<input type="checkbox"/> Investments: tax certificates / depot statements
	<input type="checkbox"/> Life insurances (tax / surrender value)	<input type="checkbox"/> Lottery, Lotto- and Toto winnings
<b>3. Debts</b>	<input type="checkbox"/> Credit cards (balance, interests and fees)	<input type="checkbox"/> Personal loans or debt (balance, interests and fees)
<b>4. Real Estate</b>	<input type="checkbox"/> Tax value and imputed rental income	<input type="checkbox"/> Rental income (overview with receipts)
	<input type="checkbox"/> Mortgage (balance, interests and fees)	<input type="checkbox"/> Costs: maintenance, admin, repairs / renovations
<b>5. Healthcare</b>	<input type="checkbox"/> Healthcare insurance tax certificate	<input type="checkbox"/> Receipt for dental treatments and other not insured costs
	<input type="checkbox"/> Commute (public transport, car, bike)	<input type="checkbox"/> Professional education (paid by your own)
<b>6. Deductions</b>	<input type="checkbox"/> Donations, political parties, associations	<input type="checkbox"/> Contributions to 3 <sup>rd</sup> pillar (3a), catch-up 2 <sup>nd</sup> pillar (PF)
	<input type="checkbox"/> Health insurance premiums	<input type="checkbox"/> Day care for children (daycare center, Tagesmutter, Kita)
	<input type="checkbox"/> Support to parents/adult children (in need)	<input type="checkbox"/> Other: <input type="text"/>
<b>7. Self-employment</b>	<input type="checkbox"/> Balance Sheet, Profit & Loss Statement	<input type="checkbox"/> Inventory and other relevant accounting documents
<b>8. Other Informations</b>	<input type="checkbox"/> Change of marital status, birth, move, etc.:	<input type="text"/>
<b>9. Other comments</b>	<input type="checkbox"/>	<input type="text"/>