

☐ Ms      **Person1**      ☐ Mr

☐ Ms      **Person2**      ☐ Mr

Surname & Firstname:

Street, No.:

ZIP code, City:

Religion:

Working Place:

Workload in %:

Marital Status:

Phone Number:

e-Mail:

Name child 1 :       DOB:

Name child 2 :       DOB:

Surname & Firstname:

Street, No.:

ZIP code, City:

Religion:

Working Place:

Workload in %:

Marital Status:

Phone Number:

e-Mail:

Name child 3 :       DOB:

Name child 4 :       DOB:

(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)

IMPORTANT	<input type="checkbox"/> Original tax forms (Steuererklärung 2025)	<input type="checkbox"/> New clients: copy of tax declaration and tax assessment 2024
<b>1. Income</b>	<input type="checkbox"/> All end of the year salary statements <input type="checkbox"/> Pension certificates (AHV, IV, SUVA, PK) <input type="checkbox"/> Inheritance / Donation	<input type="checkbox"/> Alimonies (paid / received to / from ex-partner) <input type="checkbox"/> Daily allowances (unemployed, sickness, accident) <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"/> Life insurances (tax / surrender value)	<input type="checkbox"/> Investments: tax certificates / depot statements <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"/> Mortgage (balance, interests and fees)	<input type="checkbox"/> Rental income (overview with receipts) <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
<b>6. Deductions</b>	<input type="checkbox"/> Commute (public transport, car, bike) <input type="checkbox"/> Donations, political parties, associations <input type="checkbox"/> Health insurance premiums <input type="checkbox"/> Support to parents/adult children (in need)	<input type="checkbox"/> Professional education (paid by your own) <input type="checkbox"/> Contributions to 3 <sup>rd</sup> pillar (3a), catch-up 2 <sup>nd</sup> pillar (PF) <input type="checkbox"/> Day care for children (daycare center, Tagesmutter, Kita) <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"/> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	