



SEBONA TREUHAND BÖHNER

## Tax Return Checklist

With the completed checklist and the handover of all the documents listed, you will help us fill out your relevant tax return efficiently, cost-effectively and correctly.

### We require the following documents from you:

- Relevant tax return forms
- If possible, a copy of the completed tax return and assessment for the previous year
- Personal information
  - Date of birth person 1 \_\_\_\_\_ Date of birth person 2 \_\_\_\_\_
  - Civil Status \_\_\_\_\_
  - Denomination person 1 \_\_\_\_\_
  - Denomination person 2 \_\_\_\_\_
  - Change of address during tax year  Yes, from \_\_\_\_\_ to \_\_\_\_\_  No
  - Profession person 1 \_\_\_\_\_ Profession person 2 \_\_\_\_\_
- Your annual salary statements (worldwide) for the relevant tax year for all main and additional income and, if applicable, your spouse's (or pension confirmation / certificate of unemployment insurance)
  - Place of work person 1 (Street, City) \_\_\_\_\_
  - Place of work person 2 (Street, City) \_\_\_\_\_
- At what percentage were you employed during the relevant tax year?
  - Person 1  100%  80%  50%  \_\_\_\_\_
  - Person 2  100%  80%  50%  \_\_\_\_\_
- Balance sheet/ income statement for the relevant tax year, if self-employed
- Information about any inheritances (including name, address, amount, degree of relationship and date) or gifts received or made during the relevant tax year



- If applicable: certificates of capital benefits received from AHV/IV [Old-age and survivors' insurance / Invalidity insurance]; SUVA [Swiss National Accident Insurance Fund]; BVG [Occupational Insurance]; Health insurance; Accident insurance (daily allowance certificates)
- If applicable: receipts for lottery & sport bets winnings from the relevant tax year
- If applicable: surrender value certificates from life and pension insurances
- Information on life insurances (year of conclusion/year of expiry, sum insured, annual premium)
- If applicable: certificates of payments into private pension schemes (Pillar 3a)
- If applicable: certificates of voluntarily purchased benefits in the 2nd pillar (BVG)
- If applicable: a list of charitable contributions (donations) or possible political party contributions with certificates
- Receipts of illness and/or accident costs (e.g. health insurance cost list)
- If applicable: receipts for third-party childcare expenses (e.g. daycare center)
- If applicable: receipts for alimony payments received or made (for children and/or partner)
- if applicable: receipts for further education or retraining costs during the relevant tax year
- Costs for the journey to work (ticket costs for public transport or information on the journey to work when using a car)
- Interest statements of all bank accounts (worldwide) as of 31.12. (incl. securities deposit statements, as well as interest statements from bank accounts closed during the relevant tax year, if applicable)
- Interest statements from rent deposit accounts (if applicable)
- Information about other assets such as cars, cash, jewelry, art, loans granted, company shares, etc.
  
- If applicable: debt(s) / loan(s)
  - Certificates for interest payments
  - Information about new credit(s)/loan(s) taken out in the relevant tax year
  
- If applicable: owned property (-ies)
  - Invoices for maintenance costs of the property (-ies)
  - Information on purchases or sales of real estate/land
  - Certificate(s) of taxable value and imputed rental value
  - Mortgage/loan receipts (interest payments confirmations)
  - List of tenants for rented properties (overview of rental income)
  - Statements of administrative charges/invoices for apartment(s)/condominium(s)
  
- If applicable: vehicle(s)
  - Vehicle(s) make, model and vintage: \_\_\_\_\_
  - Purchase date(s) and price(s): \_\_\_\_\_
  - Any vehicle(s) purchased via Leasing:  Yes  No
  - Last value declared in tax return for the vehicle(s): \_\_\_\_\_



## **Information about children under your care**

### **Child 1**

First Name:                      Family Name:                      Date of Birth:

Custody:                      Lives in the same household:

If not in the same household: home address: \_\_\_\_\_

First and family name of the other parent: \_\_\_\_\_

I pay child support               I receive child support

Apprenticeship/School (where/what and until when?): \_\_\_\_\_

### **Child 2**

First Name:                      Family Name:                      Date of Birth:

Custody:                      Lives in the same household:

If not in the same household: home address: \_\_\_\_\_

First and family name of the other parent: \_\_\_\_\_

I pay child support               I receive child support

Apprenticeship/School (where/what and until when?): \_\_\_\_\_

### **Child 3**

First Name:                      Family Name:                      Date of Birth:

Custody:                      Lives in the same household:

If not in the same household: home address: \_\_\_\_\_

First and family name of the other parent: \_\_\_\_\_

I pay child support               I receive child support

Apprenticeship/School (where/what and until when?): \_\_\_\_\_

### **Child 4**

First Name:                      Family Name:                      Date of Birth:

Custody:                      Lives in the same household:

If not in the same household: home address: \_\_\_\_\_

First and family name of the other parent: \_\_\_\_\_

I pay child support               I receive child support

Apprenticeship/School (where/what and until when?): \_\_\_\_\_

