

Checklist for the tax declaration

		Partner 1	' Single	Partner 2		
Name						
First Name						
Street						
Postcode, City						
Date of Birth						
Confession						
Marital Status as of 3	1.12.(tax year)					
Telephone						
E-Mail						
Children						
First Name	Date of Birth	School		Start / End School	Confession	
To be completed on		taxed separate	ly (please ti	ck as appropriate)		
Living in your househ		Yes	□ No			
Parental Care Alternating Care		∃ Yes ∃ Yes	□ No □ No	□ 100	gether	
Please tick the appr of supporting docu	-	the following qu	estions and	l enclose the corre	sponding copies	
Only for new clients To enable us to procedocuments:		n as efficiently a	nd on time as	s possible, please si	ubmit the following	
☐ Tax form	☐ Copy of last ta	☐ Copy of last tax return		☐ Copy of last definitive taxassessment		



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Income (enclose copies)		Partner 1 / Single	Partner 2		
Wage statements Income from pensions					
Othe	r Revenue				
Alim	onies (enclose copies)		Paid	Received	
(sep	tenance contributions for arated/divorced) ase incl. written agreemen				
Child support contributions					
Asse	ets (enclose copies)				
	Shares in companies Name of the company: Shares/funds/bonds/tin	ne deposits Receipts as	abroad) as of 31.12. (of tax yes	·	
Debt □ □	es (enclose copies) Mortgages (incl. Those Other debts e.g. open t Loan received from (enclose	ax invoices, credit card	• '		
Prof	essional expenses Par	ner 1 / Single			
Work	load	□ Full-time	☐ Part-time employed (in %) No. Of working days per wee		
Rout	e to work	□ Car	km/day (back & forth)		
Public transport		☐ Price	Per year		
Bicy	cle / Scooter				
Self-	paid (continuing) educatio	n or retraining (incl. inv	roice) 🗆		
Prof	essional expenses Par	ner 2			
Work	load	☐ Full-time	☐ Part-time employed (in %) No. Of working days per week		
Rout	e to work	□ Car	km/day (round trip)		
		☐ Price	Per year		
Bicy	cle / Scooter				
Self-	paid (continuing) educatio	n or retraining (incl. inv	roice) 🗆		



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Other	deductions (enclose copie Contributions to pillar 3a / 2 Health insurance premium Premium reduction Self-paid medical expenses Third care costs e.g. KITA, of Retirement and nursing home	e.g. glasses, dentist etc. day care				
Real e	state (enclose copies)					
	Home	☐ Condominium ownership				
	Rental income					
	Estimation Order of the Tax Administration					
	Property maintenance e.g. r	epairs etc.				
Inheri	tances / Donations					
	Donations	on	received from			
	Donations	on	aligend to			
	Inerhitance advance	on	received from			
	Inerhitance advance	on	aligend to			
	Inerhitance	on	received from			
	Name and date of death of the dece	dent				
Other						
	Lotto winnings (enclose win	nings statement)				
		ent 3a or pension fund payments (e	nclose copy)			
	Life insurance (enclose copy	y)				
	Pension fund statement					
	Donate (enclose copies)					
	Other assets e.g. gold, pictu	res etc. (enclose receipts)				
	Vehicles, boats		Type / Brand:			
			Vehicle registration no.:			
			Year of purchase:			
			Acquisition value in CHF:			



Contract for the preparation of the tax return

Contractual Partner(s), hereinafter referred to as "Client":

	Client Spouse
Sı	urname
Fi	rst name
Α	ddress
TI	ne client places an order with Caveo AG for the preparation of the tax return. ne preparation of the tax return is carried out against payment of a fee. The hourly rate is CHF 180.00, plus VAT. s billed according to time and effort.
D	isclaimer
th if do	ne information, explanations and calculations provided in the tax return are based on the information provided by the customer, e accuracy and completeness of which Caveo AG cannot verify. In the case of missing information, empirical values can be used necessary. Any changes in the practice of the tax authorities are always reserved. The preparation of the tax return by Caveo AG per not replace the final audit by the customer. The involvement of a tax representative does not remove the duty of care arising of the duty to cooperate (§ 144 StG) as a taxpayer, but converts it into a duty of care regarding the selection, instruction and conitoring of the representative as well as the verification of his work results.
	aveo AG treats all documents and information provided to it confidentially. The tax return is prepared by Caveo AG in good faith. The hal audit, the submission to the competent authority as well as the responsibility for the content are the responsibility of the client.
ha	or the settlement of disputes arising from this contractual relationship, the ordinary courts of the Canton of Zurich are recognized as aving jurisdiction. The exclusive place of jurisdiction is the authorized representative's place of business. Swiss law shall be oplicable.
Pl	ease mark desired services:
	Il wish a tax representation by Caveo AG (additional costs CHF 40/year; possible objections are not included).
	Copy of the completed tax return only as PDF by mail (no paper printout for the copy; only original for tax office)
١١	vish the documents to be returned by:
 	A-Post (without surcharge) A Mail Plus, electronic tracking (surcharge CHF 5.00) Registered mail (surcharge CHF 10.00
A	l income and assets worldwide must be declared.
Co	omments
Da	ste and Place Signature Client

Signature Spouse

Date and Place