

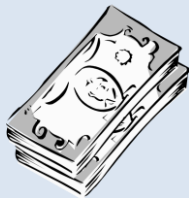
## 1

This checklist should help you and us to prepare your 2018 tax return. As a first step we would ask you to provide the **following documents**:



### Note

- With the enclosed QR code, you can send the tax documents 2018 directly to us with secure end-to-end encryption.



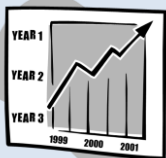
### Income

- **Salary statements** for 2018 Statements on any **income earned from a secondary occupation** in 2018 (e.g. board member fee, meeting attendance fees)
- **Pension statements** (Old Age and Survivors' Insurance (AHV), disability insurance (IV), accident insurance, health insurance, loss of income insurance, widow's/orphan's pensions)
- Statements for **lump-sum payments** (2nd/3rd pillars)
- Statements regarding **lottery winnings**



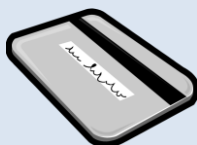
### Professional expenses

- Statements regarding **costs for continuing education**
- If you **live elsewhere during the week**: rental contract, costs for travelling/meals
- Vouchers for actual other **professional costs** if these exceed 3% of the net salary
- **Expenses regulations** approved by the tax office
- If you have an office at home, confirmation of the need for a **home office** by the employer



### Securities/investments

- Statements (tax certificates) for **account balances and income on all assets** in 2018 (banks, post office, securities). Please enclose comprehensive statements of securities in the form of **tax certificates** issued by the bank
- Statements for **custody accounts and bank charges**



### Debts/debit interest

- Statements (bank/credit cards/loan agreements) for **debts** as at 31.12.2018 and **debit interest** charged in 2018



## Insurance policies/pension fund



- Tax values of **life insurance policies** that can be surrendered
- Confirmation of **health insurance premiums**
- Confirmation of **payments made to pension fund/bank/insurance company** (pillar 2, pillar 3a)
- Statement of **costs incurred for sickness and accident** if these exceed 5% of your net income
- Statement of **costs related to disability** for yourself or a person supported by you which you paid yourself. Please enclose confirmation of care allowance

## Properties



- **Official value** (cadastral value, tax value, new assessments)
- Statement of **rental income** for properties rented out to third parties
- Statement of **maintenance costs** (e.g. maintenance, replacements, repairs, premiums for building/glass breakage/water insurance/liability/basic fees for waste and sewage disposal, management by third parties; renovation, conversion costs, property tax) if the flat rate allowance (federal tax 10%/20%; various for cantonal tax) is not claimed

## 2

As a second step, please answer the **following questions**:

### General questions

- Changes to **marital status** and **religious denomination**

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- **Change of address** and moving date

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- Children for whom a **child deduction** is claimed: first name and date of birth, education/school, childcare costs (details of person taking care of the children), external/additional costs of education

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### Income

- Duration of interruptions in gainful **employment without payment** in 2018



- **Alimony and maintenance payments** received, with amount, name and address of payer

- Other **taxable income** (in addition to the income mentioned above)

## Professional costs

- Costs for **public transport** from place of residence to place of work

- **Vehicle costs**/number of kilometres driven per day by (car/motorbike) from place of residence to place of work

- If you use the **vehicle to commute to work**, please provide a short reason to ensure that the tax office will allow the deduction of the vehicle costs (e.g. time savings, use of vehicle during working hours)

- **Other professional costs** such as work clothes/tools/specialist literature/home office, membership fees for professional associations etc. are compensated with a flat-rate deduction of 3% of the net salary (minimum CHF 2,000 / maximum CHF 4,000). If higher costs are claimed, vouchers confirming the expenses must be provided

- If you have a **company car or the transport to your place of work is paid by the employer** please provide us with the number of working days (without the days with direct field service)

## Additional deductions

- **Maintenance/alimony paid** (also living costs paid such as rent, taxes, etc.) with amount, surname, first name and address of recipient



- **Payments to persons** who are unable to work and need support (vouchers if they live abroad) with surname, first name, address, amount, relationship and reasons

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- Membership fees and donations to **political parties** with amount and description

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- Vouchers for **donations** with name of institution, amount and date of payment

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- Assets**
- **Car/motorbike** with year of acquisition and purchase price

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- **Other assets** (cash/valuables/collections) with description, year of acquisition and purchase price

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- Shares in **undistributed estates**, civil partnerships, building consortiums or general partnerships

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- If you or persons represented by you (wife/children) received or paid out an **inheritance, advances on an inheritance, gifts**, please provide the name, place of residence, relationship, amount, date of gift/inheritance/advance on inheritance/distribution of inheritance or enclose a copy of the contract of donation or inheritance

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