



Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
PLZ, Location: \_\_\_\_\_  
Mobile number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Order for the preparation of the tax return**

Enclosed you will find the following documents of the year (please mark with a cross):

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Original forms of the tax office / access code  |
| <input type="checkbox"/> | Completed 1st sheet of the tax return with detailed personal/children's information.        |
| <input type="checkbox"/> | Wage, pension statements (main and secondary occupations, AHV or IV, BVG, SUVA)             |
| <input type="checkbox"/> | Settlements of daily allowances from health, accident and unemployment insurances           |
| <input type="checkbox"/> | Financial statements (balance sheet and income statement with notes)                        |
| <input type="checkbox"/> | Interest and capital statements of your bank and postal accounts                            |
| <input type="checkbox"/> | Stock of cryptocurrencies   |
| <input type="checkbox"/> | List of assets with securities receipts or tax list   |
| <input type="checkbox"/> | Receipts for loans and credit balances incl. interest statements                            |
| <input type="checkbox"/> | Owner-occupied rental and property tax value of the property (incl. properties abroad)      |
| <input type="checkbox"/> | Supporting documents for property income/expenses (property statement of administration)    |
| <input type="checkbox"/> | Professional expenses/travel to work  |
| <input type="checkbox"/> | Education and training costs (school, travel, meals, teaching materials)                    |
| <input type="checkbox"/> | Mortgage and debt interest vouchers   |
| <input type="checkbox"/> | Alimony + child support payments and/or divorced/separated spouses                          |
| <input type="checkbox"/> | Health insurance premium, reduction   |
| <input type="checkbox"/> | Certificates of life insurance and 3rd pillar a, deposit and/or withdrawals                 |
| <input type="checkbox"/> | Certificates of deposits, purchases or withdrawals from the 2nd pillar pension fund         |
| <input type="checkbox"/> | Contributions to political parties  |
| <input type="checkbox"/> | Receipts for donations or charitable contributions  |
| <input type="checkbox"/> | Bills/deductibles Health insurance, dental bills, nursing home costs, Spitex, etc.          |
| <input type="checkbox"/> | Receipts for childcare costs  |
| <input type="checkbox"/> | Certificates of tax values of life insurance policies                                       |
| <input type="checkbox"/> | Information on motor vehicles (make/year of purchase/year of manufacture/price of purchase) |
| <input type="checkbox"/> | Details of other assets (collections etc. / valuables insured?)                             |
| <input type="checkbox"/> | Inheritances and donations  |

Date: \_\_\_\_\_

Signature: \_\_\_\_\_