To ensure proper income tax processing, we are obliged to collect the data below. Please make sure to report any changes in the course of your employment to the HR department immediately. This applies to all information that you submit below.

Please immediately send the completed form to the human resources department. Thank you!

Example / Sample: Questionnaire for Income Tax Payers

**Employee’s last/first name Date of birth Employee N**

**Marital status**

[ ]  single [ ]  married [ ]  separated [ ]  divorced [ ]  widowed [ ]  unknown

[ ]  incorporated partnership [ ]  separate partnership by juridic

[ ]  separate partnership by death [ ]  separate partnership on missing statement

**Religious Denomination**

[ ]  Christ Catholic [ ]  Protestant Evangelic [ ]  Jewish Community

[ ]  Roman Catholic [ ]  Other/None

**Marriage date:** **Date of divorce:**

**Residence permit:**

**Cross-border worker / worker with weekly stay:**

[ ]  Yes [ ]  No [ ]  daily return home [ ]  weekly return home

if YES, the address of the weekly stay municipality:

The following data must also be collected for ITPs resident in one of the Italian border communities under the Cross-border Workers Agreement with Italy that are gainfully employed in the three cantons of TI, GR or VS:

Birthplace:

ITP’s tax identification number in the state of residence

The date the person became a cross-border worker

**Income from other occupations or daily allowances / pensions from insurance benefits are decisive for the correct calculation of the rate-determining income.**

**Type of employment**

[ ]  main occupation [ ]  additional occupation

**Other occupations**

[ ]  none [ ]  in CH [ ]  abroad [ ]  in CH and abroad

In case of other occupation:

How high is the employment degree of other occupations? %

If the degree of employment cannot be quantified in %,
what is the monthly wage? CHF  [ ]  x12 [ ]  x13

**Pension:** [ ]  Ja [ ]  Nein **Daily allowances:** [ ]  Ja [ ]  Nein

Wenn ja, wie hoch ist der monatliche Betrag? CHF

**Relevant information from single persons who live with children or dependent persons in the same household and to the main part pay for their living costs (single-parent families):**

Do you live with children entitled to deduction in the same household?
[ ]  Yes: Number: [ ]  No

Do you live with a cohabiting partner in the same household?
[ ]  Yes [ ]  No

Do you live with children entitled to deduction and a cohabiting partner in the same household?
[ ]  Yes [ ]  No

Do you have sole custody of the children who live in the same household?
[ ]  Yes [ ]  No

Do you have joint custody of the children who live in the same household and do you have higher gross income than the other parent? [ ]  Ja [ ]  Nein

Do you live with a child of full age in the same household and do you have higher gross income than the other parent? [ ]  Ja [ ]  Nein

**Information about the partner:**(Required if your marital status is «married» or «registered partnership»)

**Last name** **First name**

**Date of birth** **Nationality**

**Social security No.** **Gender** [ ]  M [ ]  F

**Address** (only stated if there is no joint place of residence)

**Work Payment Type**

[ ]  Work or Compensatory [ ]  Work or Compensatory And Annuity [ ]  Annuity

**Employment**

[ ]  Main Job [ ]  Side Job

**Place of work (Country)**

[ ]  Switzerland [ ]  Foreign country [ ]  Switzerland and Foreign country

**Place of work (County)**

**Work Start**   **Work End**

Date and employee’s signature