

CHECKLIST FOR TAX RETURN

Name	Comments
First name	
Phone (daytime)	
Email	

COMMUNICATION WITH AEBERLI TREUHAND AG

How would you like us to contact you in the future? (tax assessment, final invoice etc.)

Email Encrypted email Postal mail

ELECTRONIC TAX RETURN

May we submit your tax return electronically to the tax office?

Yes No

Note: In some cantons, a signed paper form and physical submission of documents to the tax office is still required.

HOW WOULD YOU LIKE TO RECEIVE A COPY OF YOUR TAX RETURN?

Email Encrypted email Postal mail

Hereby I/we authorize Aeberli Treuhand AG to complete and submit my/our tax return. I/we confirm that all questions on the back of this form have been answered truthfully and that all relevant documents have been fully provided to Aeberli Treuhand AG.

PLACE/DATE

SIGNATURE

YOU CAN TRANSMIT YOUR TAX DOCUMENTS VIA THE FOLLOWING OPTIONS:

- Via the client portal at www.aeberli.ch
- By email:
to your contact person or info@aeberli.ch
- By postal mail:
Aeberli Treuhand AG, Zimmergasse 17, PO Box, 8034 Zurich
- Personally:
During office hours at the reception

Please fill out the back completely!

TO COMPLETE YOUR TAX RETURN PROPERLY, WE RELY ON YOUR SUPPORT:

- TAX FORMS FROM THE TAX OFFICE, ACCESS CODE FOR ONLINE SUBMISSION
- ASSESSMENT NOTICE FROM THE PREVIOUS YEAR

HAVE THERE BEEN CHANGES IN YOUR PERSONAL CIRCUMSTANCES DURING THE TAX YEAR?

- Marriage Separation/Divorce Birth of a child
- Retirement Church affiliation Move Job change

EARNED AND SUBSTITUTE INCOME

- All salary statements
- Annuities, pensions (AHV, IV, pension fund)
- Daily allowance certificates (unemployment fund, health and accident insurance)

ASSETS

- All securities with balance and interest statement as of December 31 (savings accounts, bank/post/deposit statements, tax statements, shares, participation certificates, bonds, purchase and sale records of securities, as well as information on account openings and closures)
- Inheritances received
- Gifts received/given

PROFESSIONAL EXPENSES PERSON 1

- Workload: _____ %
- Workdays: Mon Tue Wed Thu Fri Sat Sun
- Workplace: _____
- Travel expenses: _____
- Public transport Car Motorcycle
- Justification for vehicle use: No public transport Time saving >1 hour Employer request Health reasons
- Weekly residence costs: _____
- Breakdown of education/training costs incl. received grants/support

PROFESSIONAL EXPENSES PERSON 2

- Workload: _____ %
- Workdays: Mon Tue Wed Thu Fri Sat Sun
- Workplace: _____
- Travel expenses: _____
- Public transport Car Motorcycle
- Justification for vehicle use: No public transport Time saving >1 hour Employer request Health reasons
- Weekly residence costs: _____
- Breakdown of education/training costs incl. received grants/support

DEBTS

- Private debts as of December 31 incl. interest statements (bank, loans etc.)
- Debt and interest statements as of December 31 (mortgages, loans, credit cards etc.)

PROPERTIES

- Property value/own rental value
- Evidence of rental income (excluding utilities)
- Receipts for paid maintenance and renovation costs
- Condominium ownership reports (balance sheet, income statement and cost distribution)
- Copies of subsidies received for energy/environmental measures/-feed-in compensation from photovoltaic systems during the tax year

OTHER DEDUCTIONS/INFORMATION

- Confirmation of pension contributions made in the tax year to pillar 3a and voluntary purchases into the 2nd pillar
- Receipts for charitable donations and donations to political parties
- Receipts for support payments to (partially) incapacitated persons (only if health-related)
- Premium and cost breakdown from the health insurance and any premium reductions
- Invoices for self-paid medical and dental expenses
- Nursing home invoices (resident account) and other health expenses (e.g. Spitex)
- Proof of childcare expenses (nursery, day family, nanny etc.)
- Alimony: paid or received alimony during the tax year, separated by child (incl. date of birth, custody/divorce agreement) and former partner
- Paid AHV contributions as a non-employed person
- Children you were responsible for on December 31

First name | Date of birth | School/education until | Custody

1. _____
2. _____
3. _____

Please fill out the back completely!