

Questionnaire for Persons Subject to Tax at Source (Quellensteuer) Print Reset							
☐ Entry notification	☐ Notification of change	Information valid from					
Information regarding the person subject	t to tax at source						
Employee-ID (if available)		Swiss social security number (SV no.)					
Surname		First name					
Denomination							
Which religious denomination do you belong	g to?						
□ Continental Reformed Protestantism (evangref.) □ Roman-Catholic (römkath.) □ Christian-Catholic (christ-kath.)							
☐ Lutheran (evangluth.)	☐ Jewish (israelit. Gem.)	☐ Other	□ None				
Information concerning other gainful employment or income¹ Are you also currently employed with one or several other employers, or are you additionally self-employed?							
☐ Yes² ☐ No	several other employers, or are you ad	unionally self-employed?					
If so, which form of employment is applicable? ☐ Other employment in Switzerland ☐ Other employment abroad ☐ Other employment in Switzerland and abroad							
Further gainful employment (no. 1) Name of employer	Level of employment in %	(Monthly income in CHF³)	Start and end of gainful employment				
Further gainful employment (no. 2)							
Name of employer	Level of employment in %	(Monthly income in CHF ³)	Start and end of gainful employment				
Further gainful employment (no. 3) Name of employer			Start and end of gainful employment				
Are you receiving a pension?							
□ Yes □ No							

Notes:

- ¹ Other gainful employment or income is understood to mean all employment relationships and self-employed activities in Switzerland or abroad which you perform in addition to the listed employee-ID.
- $^{2}\,$ Please fill in the text boxes with the information concerning other gainful employment.
- ³ Information on monthly income is only required if you are unable to determine the level of employment.

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Civil status				
☐ single ⁴	□ married ⁵ □	divorced ⁴	widowed ⁴	
☐ registered partnership ⁵	☐ dissolved registered partnership ⁴			
Separated?	□ Yes⁴ □	No		
Date of civil status				
Information regarding your partner (Only to be completed if you are in an ur	nseparated marriage or unseparated registered	l partnership)		
Surname		First name		
Date of birth	Swiss social security number (SV no.)	Nationality		
ls your partner gainfully employed?				
□ Yes □ No				
If yes, what does your partner's income	consist of 2			
	ome (e.g., daily sickness benefits fro	om an insurance) 🗆 🗀 Pe	nsion	
☐ Salary or replacement inc	ome and, additionally, pension			
In the case of salary or replacement inco	ome, the following additional information must b	pe provided:		
Country of employment	Canton of employment (if Switzerland)	Start of employment	End of employment	
Information regarding your children				
Nr. Surname	First name	Date of birth		
	1 II ot Hallio		In education?	
1	That name		In education? ☐ Yes ⁶ ☐ No	
1			□ Yes ⁶ □ No	
2				
			□ Yes ⁶ □ No	
3			☐ Yes ⁶ ☐ No ☐ Yes ⁶ ☐ No ☐ Yes ⁶ ☐ No	
2			☐ Yes ⁶ ☐ No☐ Yes ⁶ ☐ No	
3			☐ Yes ⁶ ☐ No ☐ Yes ⁶ ☐ No ☐ Yes ⁶ ☐ No	

Notes

- ⁴ Please complete the information regarding "Clarification of parental tariff" if you have children entitled to deduction.
- $^{\rm 5}$ Please complete the "Information regarding your partner".
- ⁶ Please enclose confirmation of education.

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Clarification of parental tariff (Only to be completed if single, divorced, separated, widowed or dissolved partnership and there are children entitled to deduction)							
Do you live in the	he same household with ch	ildren?					
□ Yes	No. of children		□ No				
Are you in a col	habitation ⁶ partnership?	If so, is your gross inco	ome higher tha	in that of your cohabiting partner?			
□ Yes	□ No	□ Yes	□ No, t	he cohabiting partner			
Do you have pa	arental responsibility						
□ Yes	□ No	☐ Joint responsibil	lity				
Clarification of cross-border commuter tariff ⁸ (Only to be completed if your place of residence is in Germany or France and in the neighboring area)							
Are you registe	red in Switzerland as a cro	ss-border commuter? 8					
□ Yes	□ No						
If no, do you ret	turn to your place of reside	nce every day?8					
□ Yes ⁹	□ No						
This form must be completed in full and accurately. The information provided will serve to determine the applicable tariff. In the event that the information is incomplete, tariff A0Y (for single persons) or tariff C0Y (for married persons) shall apply. If the information concerning other gainful employment or income is incomplete, the determining tax rate for calculating the tax at							
source (Quellensteuer) will be based on income from 100% employment. The signee hereby confirms the accuracy of the information provided and undertakes to promptly notify the competent personnel office of any changes to the above-stated details. Any changes will come into effect as from the subsequent month.							
Confirmation of the information provided by the person who is subject to tax at source (Quellensteuer)							
Place and date				Signature of the person subject to tax at source (Quellensteuer)			

Notes

- ⁷ Cohabitation = cohabiting union with a shared household
- ⁸ Please take note of the Q10 or Q12 information sheet for French or German cross-border commuters, available on the website of the Tax Office of the Canton of Bern (www.taxme.ch ⇒ Publikationen/Merkblätter/Quellensteuer/Aktuelle Merkblätter)
- ⁹ Please send the following form to us:

Residence in Germany: "Ansässigkeitsbescheinigung" (Gre-1 form)

Residence in France: "Attestation de résidence fiscale" (2041-AS form)

(<u>www.taxme.ch</u> ⇒ Publikationen/Formulare/Quellensteuer)