

## Checklist for application for the recalculation of the source tax 2021

<u>Taxpayer</u> :				
Name:		First name:		
Complete address:		Date of birth:		
E-Mail:		Phone number:		
Religion: Roman Catholic □ Christian Catholic □ Ref	formed <b>□</b> Jewish comn	nunity 🗖 Others 🗖 N	o religion 🗖	
Marital status since: single □ married □ separated □ divorced	d □ registered partner	ship 🔲 widowed 🗖 Pa	ACS 🗆	
Since when do you live in Switzerland?				
Taxpayer's partner or spouse:				
Name:	First name:		Date of birth:	
Complete address:	Since when does she/l		he live in Switzerland?	
Religion: Roman Catholic □ Christian Catholic □ Ref	formed   Jewish comr	nunity □ Others □ N	o religion □	
Minor or children in training for whose ma				
Name:	First name:		Date of birth:	
Complete address:			Since when does she/he live in Switzerland?	
School / Training company / University, etc.		Expected end of training:		
Religion: Roman Catholic □ Christian Catholic □ Ref	formed <b>D</b> Jewish comn	nunity 🛘 Others 🗖 N	o religion 🗖	
Name:	First name:		Date of birth:	
Complete address:		Since when does she/he live in Switzerland?		
School / Training company / University, etc.		Expected end of training:		
Religion: Roman Catholic □ Christian Catholic □ Ref	formed <b>D</b> Jewish comn	nunity 🛘 Others 🗖 N	o religion 🗖	
Name:	First name:		Date of birth:	
Complete address:		Since when does she/he live in Switzerland?		
School / Training company / University, etc.		Expected end of training:		
Religion: Roman Catholic □ Christian Catholic □ Ref	formed □ lewish comm	nunity □ Others □ N	o religion $\Pi$	

ral information	
nnual salary statement and monthly pay slips	
urrent family residence certificate of the foreign resident office (listed all family members living in the same househo	ld)
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Copies of the birth certificate of your children  Adult children in initial training:  — confirmation of training/study certificate and details about the duration of the training  — Proof of payment for the maintenance (tuition fees, rent, pocket money, etc.)  your spouse employed or does she/he receive wage compensation income? Yes □ / No □  If no, please provide us with a confirmation signed by you and/or your spouse  If yes, for which company?	
roof of change of civil status (e.g., marriage certificate, registration certificate, etc.)	
referred bank account details (Bank/Post, place, IBAN, account no., BIC/SWIFT, account holder):	
national Weekly Commuter and Gross-Border Commuter expenses alendar of working days abroad (cf. separate attachment, with request to complete it): signature and stamp by the mployer and you is mandatory	

## <u>Note</u>

This is a general checklist. It is always possible that additional evidence must be submitted in individual cases. We will inform you accordingly.