

Checklist for the income tax return

I. Personal information	Taxpayer	Spouse
--------------------------------	-----------------	---------------

Last name/birth name	.....	.....
First name	.....	.....
Date of birth	.....	.....
Title	.....	.....
Street	.....	.....
Postal code/City	.....	.....
Telephone/Fax/E-mail	.....	.....
Other addresses/Residency	.....	.....
Profession	.....	.....
Employer	.....	.....
Marital status/Matrimonial property scheme:.....		
Married/Divorced/Separated	Since:	

At which German Revenue Office are you assessed?	.....	.....
Federal Tax number	.....	.....
German eTaxpayer Identification Number (ETIN)	.....	.....
For local residential changes: last tax office/tax number	.....	.....

assessment typ	<input type="checkbox"/> join assessment	
	<input type="checkbox"/> separate assessment	

Account Information:

- Bank	.....	.....
- City	.....	.....
- BIC	.....	.....
- IBAN	.....	.....

Number of Dependants:

Name of child 1	born on:	tax number:	
Name of child 2	born on:	tax number:	
Maternity/Paternity benefit	.....	
Child benefit or equivalent	.....	
Parental allowance	.....	
Child care expenses	.....	
School tuition	.....	
Physical disability	.....	
Competent family benefits office	.....	

<u>Type of income:</u>	taxpayer		married partner	
	yes	no	yes	no
1) Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Self-employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Commercial operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Investment income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Rent and lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Agriculture/forestry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Foreign income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Wage replacement benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Further informations

Legal assistance insurance: € p.a.

Private/voluntary health insurance € p.a.

Life insurance € p.a.

Liability insurance € p.a.

Accident insurance € p.a.

More: pension insurance Riester/ Rürup etc. € p.a.

Do you have an owner-occupied or funded home ownership? (e.g. historical building)

Please add the appropriate policies/contribution statements enclosed in copy.

III. Please also send the following documents:

- 1) Yearly tax certificate from your employer "Ausdruck der elektronischen Lohnsteuerbescheinigung"
- 2) Copy of employment contract (initial mandate)
- 3) Copy of employment identity card
- 4) Salary accounts, monthly pay slips
- 5) Flight hours/duty plan
- 6) Route account/ claim for expenses
- 7) Last tax assessment (initial mandate)

Notes for your personal family relationships and residences:

.....

.....

.....

.....

IV: Please answer the following questions and enclose documents

	yes	no
– Any exceptional charges, e. g. not covered Medical expenses, glasses etc. €	<input type="checkbox"/>	<input type="checkbox"/>
– Financial support of relatives/third parties €:	<input type="checkbox"/>	<input type="checkbox"/>
– Education costs (e. g. study, courses etc.) €:.....	<input type="checkbox"/>	<input type="checkbox"/>
– Refund/additional payment church tax in disposition period – If so: €	<input type="checkbox"/>	<input type="checkbox"/>
	yes	no
– Do you have business connections to financial institutions in the foreign countries (bank accounts, investment income, etc)	<input type="checkbox"/>	<input type="checkbox"/>
– Were you employed the entire calender year If not, reasons for the non-employment: e. g.: part time, parental leave, unemployment etc. (Please submit the attestation)	<input type="checkbox"/>	<input type="checkbox"/>
– Donations	<input type="checkbox"/>	<input type="checkbox"/>
– Household services/Craftsmen costs etc. (e. g. Utilities statement of your landlord)	<input type="checkbox"/>	<input type="checkbox"/>
– Tax consultation fees	<input type="checkbox"/>	<input type="checkbox"/>
– Have you moved for professional reasons If so, please quote the date and costs Date: Costs: €..... Were costs taken by your Employer If so, how much? €.....	<input type="checkbox"/>	<input type="checkbox"/>
– Do you use a car to get to your base If so, licence number: One-way distance main residence– base km .....quantity One-way distance second home – base km .....quantity	<input type="checkbox"/>	<input type="checkbox"/>
– Do you use foreign vehicles	<input type="checkbox"/>	<input type="checkbox"/>
– Public transport	<input type="checkbox"/>	<input type="checkbox"/>
– Traffic accident on the way to work	<input type="checkbox"/>	<input type="checkbox"/>
– Union contributions (VC, UFO, BALPA etc.)	<input type="checkbox"/>	<input type="checkbox"/>

- Vocational training costs (language course etc.)
- Job-related expenses for suitcase, shoes etc.
- Job-related telephone costs (landline, mobile)
- Do you have foreign uniform cleaning costs
- Specialized literature
- Differences from on-board-sales
- Office equipment
- Shuttle costs
- Add: list of ticket purchases, refunds/tickets
Boarding pass
- commuter: Distance residence-home airport KM:

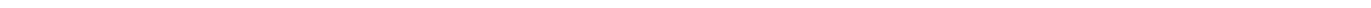
yes **no**

- Double household/stand-by-room
If so, since when?
Please include proof of residency of both households
- Job-related hotel costs at the workplace
- Training Costs/Training loans
Add: Interest Certificate for Training loans
- Professional used computer? Include an invoice
- Do you have an office at home?
If so, size of the residence:
Size of the office
Monthly cost + additional costs + furnishings €.....

Please include a floor plan of the residence and a copy of your rental agreement.
By property is owned, please contact with us for further information.

Notice:

***This checklist doesn't claim to be complete.
Therefore, each case should be individually reviewed!***



Additions:
