

personal data	husband / single person	wife
surname:	.....	.....
first name:	.....	.....
address:	.....	.....
post code / domicile:	.....	.....
date of birth:	.....	.....
religion:	.....	.....
marital status 2025:	.....	.....
phone number:	.....	
E-mail:	.....	

children				
first name	date of birth	school or employer	beginning/end of school	denomination
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**Only to complete if parents are taxed separately** (please mark with a cross where appropriate)

	yes	no	mutual
part of your household	<input type="checkbox"/>	<input type="checkbox"/>	
parental custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
alternate custody	<input type="checkbox"/>	<input type="checkbox"/>	

**In order to prepare your Swiss tax return efficiently and in due time, we kindly ask you to read our checklist carefully and to submit the respective documents completely. Thank you very much in advance for your cooperation!**

- Important documents**
- ☐ **Swiss tax forms**
  - ☐ **Copy of your last Swiss tax return**
  - ☐ **Copy of your last Swiss tax assessment (issued by tax authorities)**

earnings (please mark where applicable)	husband/single pers.	wife
salary statement <b>(please attach a copy)</b>	<input type="checkbox"/>	<input type="checkbox"/>
income from pension fund <b>(please attach a copy)</b>	<input type="checkbox"/>	<input type="checkbox"/>
other earnings <b>(please attach a copy)</b>	<input type="checkbox"/>	<input type="checkbox"/>

alimony (please mark where applicable)	paid	received
payments to spouse (divorced/separated) <b>(please attach written agreement)</b>	<input type="checkbox"/>	<input type="checkbox"/>
payments for children <b>(please attach a copy)</b>	<input type="checkbox"/>	<input type="checkbox"/>
remarks:	.....	

**securities** (please mark where applicable)

- ☐ bank statements (incl. accounts abroad) per 31.12.2025 **(please attach statement)**
- ☐ shares in companies **(please attach valuation)**  
name of the company: .....
- ☐ shares/funds/bonds/fixed deposits **(please attach tax statements/buying- & selling statement)**
- ☐ dividends **(please attach statement of receipts)**
- ☐ loan granted to ..... **(please attach agreement)**

**liabilities** (please mark where applicable)

- ☐ mortgage per 31.12.2025 **(please attach a copy)**
- ☐ loans received from ..... **(please attach agreement)**
- ☐ other liabilities per 31.12.2025 **(please attach a copy)**  
e.g. open invoice of taxes, credit card, etc.

**work expenses husband / single person** (please mark where applicable)

- workload ☐ full time ☐ part time .....(in %)  
number of workdays a week .....
- Place of work: .....
- transportation expenses ☐ by car  
from home to work .....km/day (round trip)
- ☐ public transport **(please attach receipt)**
- ☐ motorbike / bicycle
- ☐ self paid advanced training / retraining **(please attach invoice of seminar/course)**

**work expenses wife** (please mark where applicable)

- workload ☐ full time ☐ part time .....(in %)  
number of workdays a week .....
- Place of work: .....
- transportation expenses ☐ by car  
from home to work .....km/day (round trip)
- ☐ public transport **(please attach receipt)**
- ☐ motorbike / bicycle
- ☐ self paid of advanced training / retraining **(please attach invoice of seminar/course)**

**other deductions** (please mark where applicable)

- ☐ additional payments to 2<sup>nd</sup> or 3<sup>rd</sup> pillar **(please attach certificate for tax purposes)**
- ☐ health insurance premium **(please attach certificate for tax purposes)**
- ☐ price deduction of health insurance premium **(please attach a copy)**
- ☐ self-paid treatment expenses, e.g. glasses, dentist, etc. **(please attach a copy)**
- ☐ child care expenses **(please attach a copy)**
- ☐ costs for nursing home **(please attach paid invoices)**

☐ house      ☐ apartment

☐ estimation of tax value from tax administration **(please attach a copy)**

☐ rental income **(please attach receipt)**

☐ maintenance cost of property e.g. costs of repairs **(please attach copies of invoices)**

☐ purchase contract **(please attach a copy)**  
☐ amount **(please attach receipt)**

<input type="checkbox"/>	gift	on .....	received from: .....
<input type="checkbox"/>	gift	on .....	presented to: .....
<input type="checkbox"/>	advanced heritage	on .....	received from:.....
<input type="checkbox"/>	advanced heritage	on .....	presented to:.....
<input type="checkbox"/>	heritage	on .....	received from: .....
	name, domicile and day of death of decedent: .....		
<input type="checkbox"/>	undistributed heritage		received from: .....
	name, domicile and day of death of decedent: .....		

**(please attach voucher for payment / receipts of the community of heritage)**

[illegible]

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**My / our application to HMR Treuhand Group includes the following services:**

- ☐ Preparation of the tax return & review of the tax assessment
- ☐ Submit objection (if necessary)
- ☐ Copy tax return by mail
- ☐ No need to return the original documents

\_\_\_\_\_  
husband / single person

\_\_\_\_\_  
wife

**Thank you for your application!**

**Your HMR-Team**