

Additional information for 2014 income tax statement

If you have already filled out this form for a previous year, you will only need to enter any details which have changed with respect to that previous year.

A Personal details

1 Personal relations

Taxpayer 1/Husband		Taxpayer 2/Spouse	
First name, Last name		First name, Last name	
Address in home country		Address in home country	
Address in Germany		Address in Germany	
Post code, Town/City in home country		Post code, Town/City in home country	
Post code, Town/City in Germany		Post code, Town/City in Germany	
Residing in Germany since (date)		Residing in Germany since (date)	
Date of birth		Date of birth	
Religion		Religion	
Occupation		Occupation	
Tax number		Tax number	
Tax ID number		Tax ID number	
Civil status			since
Phone number		Email address	
Bank denomination			
IBAN		BIC	
Account holder: <input type="checkbox"/> Husband <input type="checkbox"/> Spouse <input type="checkbox"/> both <input type="checkbox"/> Third party			Name

2 Information on children with existing spouse

Name	Date of birth	Place of domicile in case of non-residence	Household residency from - to	Childhood relationship Tax-paying Wife husband	Child support ¹⁾ (Kindergeld)
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	

■ Children from previous relationships? no

Name	Address	Date of birth	from - to

■ Additional information on children above 18 years

Name	Type of education ²⁾	from - to

1) If you have not received any monthly child support (Kindergeld), please include the letter of rejection from the child support agency.

2) Please include secondary/tertiary level education enrolment receipts.

- Subsistence payments yes no
Do you pay alimony for the subsistence of children (legitimate child or natural child) who are not part of your household and for whom a right to child support does not exist?
- Should a children's allowance be transferred? yes no
- Should a care allowance be transferred? yes no
- Were childcare costs incurred? (if yes: Please provide documentation.) yes no
- For persons living alone: Which other persons of full age live in your household?

Name	Family relationship	Occupation	Member of household	Payment of child support from - to

- Period of basic military service or alternative service rendered by the child

from to

B Details of income

1 Income from employment (please include certificate of wage tax deduction)

- Employment related expenses (e. g. work equipment, text books, advanced training, travel expenses, double housekeeping etc. - please include receipts.)

Husband	Spouse

- Have you received refunds of employment related expenses from employers which are not listed in the certificate of wage tax deductions? (include receipts!) yes no

■ Travel expenses

Husband

Have either workplace or employer changed?

yes no

Distance from home to workplace

 km

Workplace

Husband

Vehicle license registration

Working days per week

Holidays and sick leave

Spouse

yes no

 km

Spouse

Working days per week

Holidays and sick leave

Do you have expenses for public transport?

yes no

yes no

- Do you use a separate room in your private home for your professional activity? yes no
Type of use (office, storage, work room etc.)

If it is a home office, is it the central focus of the professional activity? yes no

Is another workplace available to you at your employer's offices? yes no

Room size m²

Annual rent including shares in the costs EUR

Total area of the house/apartment m²

Costs and interest expenses for owner-occupied single family dwelling EUR

Added fittings (please include receipts) EUR

- Have you received a severance payment due to the termination of employment by either your employer or as a result of legal proceedings?

Husband

yes no

Spouse

yes no

If yes, to what amount?

EUR

EUR

Please include documentation (e. g. settlement agreement)

- Do you have income from part-time work as a trainer, instructor, kindergarten teacher, tutor or comparable part-time work, from part-time artistic activities or part-time care-giving for elderly, sick or disabled people in the service of or commissioned by a domestic entity of public law or another non-commercial institution?

Husband

yes no

Spouse

yes no

If yes, to what amount?

EUR

EUR

- Have you received earnings replacement benefits? (e. g. unemployment benefit, short-time working benefits, winter deficiency compensation, subsistence allowance, bridge money, sick benefit, maternity benefits etc. - Please provide proof of payments.)

Type	Wife
	EUR
	EUR
	EUR
	EUR

Type	Wife
	EUR
	EUR
	EUR
	EUR

- Please provide statements on capital-forming payments.
-

4 Income from private sale transactions

- Have you sold land/property which you purchased in the last ten years or obtained from company assets (e. g. on termination of a business)? yes no
- Have you sold assets (e. g. automobile) which you acquired in the last 12 months? yes no

Did you incur costs in relation with the afore-mentioned assets, for example, financial costs, notary fees? (Please provide the corresponding documentation.) yes no

Husband

Type	Amount
	EUR
	EUR
	EUR
	EUR

Spouse

Type	Amount
	EUR
	EUR
	EUR
	EUR

5 Rental and leasing income

- We have included a separate form for property you own. Please enter the number of filled out and returned forms in the following:

- Have you purchased property? yes no

If yes, please indicate use

Location:

Building application Purchase contract Residential availability

Please include full documentation (contracts, loan and interest statements, other expenses).

- Do you or your spouse have a share in a piece of land? yes no (e. g. property association, community of heirs, real estate investment fund)

Name of the community

Tax number of the community

Share of incomes

If we are to generate the tax declaration for the community, please provide all statements.

- Usufruct / Right of abode yes no
Has usufruct / right of abode been registered or annulled on any of your properties? (also possibly within the framework of anticipated succession)

If yes, please provide contract documents.

6 Other income

(e. g. commercial, agriculture and forestry, lease of land, voluntary activity, shareholding, foreign income etc.) yes no

Type of income	Returns	Advertising costs / Operating expenses
	EUR	EUR
	EUR	EUR
	EUR	EUR
	EUR	EUR
	EUR	EUR

Please provide statements (e. g. ascertainment of profits).

C Special expenses (Please provide statements, if not evident in your financial accounting.)

What insurances have you paid for?

Here, only those insurance contributions paid privately are to be listed (no material insurance). Business insurance (e. g. public liability, company car insurance) is not to be listed as it is already written off and accounted for by the company.

Please mark any life insurance schemes on which money was lent or which serve to safeguard the current account with an asterisk (*).

Contributions to unit-linked life insurance cannot be considered special expenses.

Note: If policies are signed after Jan. 1, 2005, life insurance schemes which provide for the case of survival may no longer be taken into account as pension expenses.

	Husband	Wife
a) state pension scheme (employee's contribution) (usually to be found in the certificate of wage tax deduction)	EUR	EUR
b) agricultural pension funds, professional provision schemes (without employer extra payments)	EUR	EUR
c) voluntary insurance or supplementary insurance in state pension insurance	EUR	EUR
d) employer's contribution to state pension insurance, extra payments to professional provision institutions (usually to be found in the certificate of wage tax deduction)	EUR	EUR
e) personal funded pension insurance starting from Jan. 1, 2005 ("RürupRente")		
	EUR	EUR
	EUR	EUR
f) contributions to additional nursing insurance (only for taxpayers born after Dec. 31, 1967.)		
	EUR	EUR
	EUR	EUR
g) health and nursing insurance (without contributions as per letter "f") including insurance for children		
	EUR	EUR
	EUR	EUR
h) insurance against unemployment, disability and occupational disablement insurance		
	EUR	EUR
	EUR	EUR
i) accident and risk insurance which only pay out in the case of death		
	EUR	EUR
	EUR	EUR
j) pension schemes with lump-sum options and endowment policies with a minimum period of 12 years starting, and with the first payment made, before Jan. 1, 2005.		
	EUR	EUR
	EUR	EUR
k) pension schemes without lump-sum options with a starting date and first payment made before Jan. 1, 2005 (without contributions to retirement provision from the German "Riester Rente" pension scheme).		
	EUR	EUR
	EUR	EUR
l) liability insurance		
Family:	EUR	EUR
Automobile:	EUR	EUR
Animals:	EUR	EUR
Other:	EUR	EUR

Have you made contributions to a private retirement scheme (“Riester Rente”)?
(Please provide statements.)

Husband

yes no

Spouse

yes no

- Do you pay alimony to divorced or separated spouses?

yes no

EUR

- Do you pay for children attending alternative schooling? (Please provide original receipts.)

yes no

- Have you made donations or contributions? (Please provide original receipts.)

yes no

Recipient(s)	Amount
	EUR
	EUR
	EUR
	EUR

- Have you paid church tax / church fees?

yes no

EUR

- Has church tax been refunded to you?

yes no

EUR

- Have you invested in owner-used property (listed building or redevelopment area)? (If so, please provide documentation.)

yes no

EUR

D Which “exceptional costs” were incurred?

If so, please provide documentation.

- Are you or a member of your family severely disabled?

(If there are changes as compared to the previous year, please provide documents)

yes no

- Do you have expenses for a person in need of support or care?

yes no

Names	Adress	Family relationship to person in need of care	Civil status

- Do you provide financial support to dependents?

yes no

Names	Address	Date of birth	Civil status
1			
2			
3			
4			

Occupation	Family relationship to supported person	Member of household from - to	Had anyone a right to child support or a tax exemption for the person(s)? from - to	no
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>

- Other exceptional costs (e. g. health resort costs, sick pay, eyewear, dental treatment) yes no
- Did you receive a refund from a third party for this? yes no

E Tax relief

- Have you had help from a household employee or have you used household workmen or other services (e. g. cleaning, garden work, repairs etc.)? (If so, please provide documentation.)
 yes no EUR
- Have you received inheritance? (examination of tax relief with inheritance tax burden) (If so, please provide documentation.)
 yes no EUR

F Other information, in particular reasons for tax relief

G Foreign business relations

Do you operate long-term business relations with financial institutions abroad?

Husband

yes no

Spouse

yes no

H If you should have received post from the tax and revenue offices (e.g. tax statements), please include these in your documentation for our information.

I Commission

I / We hereby commission you as my / our tax advisor with the compilation of the annual financial statements for my / our company as well as the accompanying operating tax declarations and my / our private tax declaration(s).

J Letter of representation

I / We as the client declare the following to you as my / our tax advisor:

- Clarification and statements
We have provided you with the clarification and documentation for which you asked me / us in all good conscience.
- Accounting and letters
I / We have provided you with all of the documents in their entirety which are required for the accounting and the annual financial statement.
- Annual financial statement and tax declarations
All information and circumstances to be declared have been communicated to you hereinbefore for the purpose of creating the tax declarations.

Signature - husband

Place, date

Signature - wife