

TAX RETURN QUESTIONNAIRE

Master data

Applicant

Spouse

| | | |
|---------------------------|--|--|
| First Name: | <input type="text"/> | <input type="text"/> |
| Surname: | <input type="text"/> | <input type="text"/> |
| Birth Name: | <input type="text"/> | <input type="text"/> |
| Type of Residence: | Rent <input type="checkbox"/> Property <input type="checkbox"/> Parents <input type="checkbox"/> Rent free <input type="checkbox"/> | Rent <input type="checkbox"/> Property <input type="checkbox"/> Parents <input type="checkbox"/> Rent free <input type="checkbox"/> |
| Street / House Number: | <input type="text"/> | <input type="text"/> |
| Postal Code / Location: | <input type="text"/> | <input type="text"/> |
| State: | <input type="text"/> | <input type="text"/> |
| Move in tax Year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of Birth: | <input type="text"/> | <input type="text"/> |
| Religion: | <input type="text"/> | <input type="text"/> |
| Occupation practiced: | <input type="text"/> | <input type="text"/> |
| Self-employed / Employed | <input type="text"/> | <input type="text"/> |
| Founded / Employed since: | <input type="text"/> | <input type="text"/> |
| Status: | unlimited <input type="checkbox"/> temporary <input type="checkbox"/> trial period until: <input type="text"/> | unlimited <input type="checkbox"/> temporary <input type="checkbox"/> trial period until: <input type="text"/> |
| Tel. private: | <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> |
| Tel. Mobil: | <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> |
| Tel. on duty: | <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> |
| Email-Address: | <input type="text"/> | <input type="text"/> |
| Tax-ID-Number: | <input type="text"/> | <input type="text"/> |
| Social Insurance- No.: | <input type="text"/> | <input type="text"/> |
| Prefilled tax return | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Disability

| | | |
|---------------------------|--|--|
| Exhibition at: | <input type="text"/> | <input type="text"/> |
| Valid until: | <input type="text"/> | <input type="text"/> |
| Degree of disability in % | <input type="text"/> | <input type="text"/> |
| | blind <input type="checkbox"/> walking and standing disability <input type="checkbox"/> permanently in need of care <input type="checkbox"/> | blind <input type="checkbox"/> walking and standing disability <input type="checkbox"/> permanently in need of care <input type="checkbox"/> |

Marital Status

| | | |
|-----------------|----------------------|----------------------|
| Single: | <input type="text"/> | <input type="text"/> |
| Married since: | <input type="text"/> | <input type="text"/> |
| Divorced since: | <input type="text"/> | <input type="text"/> |
| Widowed since: | <input type="text"/> | <input type="text"/> |

Child

| | 1 | 2 |
|------------------------|----------------------|----------------------|
| First Name: | <input type="text"/> | <input type="text"/> |
| Last Name: | <input type="text"/> | <input type="text"/> |
| Birth Name: | <input type="text"/> | <input type="text"/> |
| Street / House number: | <input type="text"/> | <input type="text"/> |
| ZIP / City: | <input type="text"/> | <input type="text"/> |
| Resident since: | <input type="text"/> | <input type="text"/> |
| Date of birth: | <input type="text"/> | <input type="text"/> |
| Tax ID number: | <input type="text"/> | <input type="text"/> |

| | | |
|--|--------------------------|--------------------------|
| Occupation practiced: Self-employed/employed? | | |
| in training or study? biological child? | <input type="checkbox"/> | <input type="checkbox"/> |
| other mother / father of the child? | | |

| Child | 3 | 4 |
|--|--------------------------|--------------------------|
| First Name: | | |
| Last Name: | | |
| Birth Name: | | |
| Street / House number: | | |
| ZIP / City: | | |
| Resident since: | | |
| Date of birth: | | |
| Tax ID number: | | |
| Occupation practiced: Self-employed/employed? | | |
| in training or study? biological child? | <input type="checkbox"/> | <input type="checkbox"/> |
| other mother / father of the child? | | |

| Employer | | |
|---|---|---|
| Name: | | |
| Place of work (street/zip code): | | |
| Cost of public transportation: | p.a. in € | p.a. in € |
| Logbook available? | <input type="checkbox"/> | <input type="checkbox"/> |
| Car license plate number: | - | - |
| Working days: | | |
| Dues for professional associations/union: | € | € |
| Purchase of work equipment? (invoices) | <input type="checkbox"/> | <input type="checkbox"/> |
| Application, training costs, professional literature: | € | € |
| Number of days in home office: | | |
| Travel expenses: | € | € |
| Work clothes (purchase+repair): | € | € |
| Laundry expenses: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Kg/Wash Quantity/week Degree/Wash cycle | Kg/Wash Quantity/week Degree/Wash cycle |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | Ironing? <input type="checkbox"/> | Ironing? <input type="checkbox"/> |
| | Type of iron _____ | Type of iron _____ |

| Income | | |
|--|---|---|
| Pension running since: | | |
| Income from old-age pension / annuity: | € | € |
| Income from widow's pension: | € | € |
| Income from pension from insurance: | € | € |
| Receipt of maintenance payments: | € | € |

Please be sure to enclose copies of pension statements!

| private sales transactions | | |
|----------------------------|--------------------------|--|
| no sales transactions | <input type="checkbox"/> | no sales transactions <input type="checkbox"/> |
| Profit under 512€ | <input type="checkbox"/> | Profit under 512€ <input type="checkbox"/> |
| Profit over 512€ | <input type="checkbox"/> | Profit over 512€ <input type="checkbox"/> |

| Capital assets | |
|----------------|--|
| | |

| | | |
|---------------------------------|---|---|
| Income from savings: | € | € |
| Income from securities: | € | € |
| Income from life insurance: | € | € |
| Income from silent partnership: | € | € |

| | | |
|----------------------------|---|---|
| Income from renting | | |
| rented property: | | |
| Annual income: | € | € |
| Annual costs: | € | € |

(Electricity, Gas, Water, Heating, Chimney, Snow removal, Janitor, Property Management, Interest certificates from Bank / Building society / Insurance for Financing etc.)

| | | |
|--|---|---|
| Current charges | | |
| Current cold rent: | € | € |
| Amount of monthly service charges: | € | € |
| Real estate loan installments: | € | € |
| Contributions to health insurance: | € | |
| Contributions to long-term care insurance: | € | |
| Contributions to pension insurance: | € | |
| Contributions to Riester provision: | € | |
| Contributions to basic/ürup provision: | € | |
| Contributions to liability insurance: | € | |
| Accident insurance contributions: | € | |

| | | |
|----------------------|---|---|
| Donations | | |
| Purpose of donation: | | |
| Amount of donation: | € | € |

| | | |
|-------------------------|---|---|
| Divorce expenses | | |
| Amount of expenses: | € | € |

| | | |
|-------------------------|---|---|
| Funeral expenses | | |
| Amount of expenses: | € | € |

| | | |
|------------------------------------|---|---|
| Expenses for household help | | |
| Amount of expenses: | € | € |
| Name and address of person: | | |

| | | |
|---------------------------------|--|--|
| Care of a relative | | |
| Name and address of the person: | | |
| Relationship: | | |

| | | |
|---|---|---|
| Medical expenses | | |
| Costs for doctors, medicines, eyeglasses, | € | € |
| Dentures, spa costs, hearing aids, | € | € |
| nursing care, co-payments doctor + hospital: | € | € |
| Amount of reimbursements by health insurance: | € | € |

| | | |
|---|--|--|
| Maintenance payments to a relative (support) | | |
| Name and address of the dependent: | | |
| Date of birth: | | |
| Marital status: | | |
| Occupation: | | |
| Relationship: | | |
| Amount of support payments: | | |
| Type of expenses: | | |
| Duration of support: | | |

Bank details

IBAN

Account holder
(if not customer)**For self-employed persons / tradesmen / separate profit allocation**

| | | |
|---|-------------------------------------|-------------------------------------|
| Date of establishment: | | |
| exact name of the activity: | | |
| Turnover in the previous year: | | |
| operational tax number / VAT ID: | | |
| Business address: | | |
| competent tax office / tax office for bodies: | | |
| Small entrepreneur*: | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of self-employed activity: | | |
| | Freelancer <input type="checkbox"/> | Freelancer <input type="checkbox"/> |
| | Tradesman <input type="checkbox"/> | Tradesman <input type="checkbox"/> |

- Copy of annual financial statement / profit statement / tax assessment of the last year
- Copy of the asset register of the last year
- All bank statements of the business account
- All cash sheets and proofs of payment
- All receipts with clear notes
- All expense receipts with clear notes
- Copies of contracts, etc.

Notes on the tax return

(All questions were answered by me / us to the best of our knowledge and belief, facts not filled in were not given)

Place, date:

SignaturesXX

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