



Surname	<input type="text"/>
First name	<input type="text"/>
Street/No.	<input type="text"/>
Postcode/ town	<input type="text"/>

Steuerverwaltung des Kantons Bern  
Quellensteuer  
Postfach  
3001 Bern

**Reference** (Please mention in any correspondence)

ZPV No.

**Clarification of parental tariff**

By completing this form, you help us to apply the correct tariff code. Please complete the form accurately and in full and return it to us with the required documents.

Civil status

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De facto or judicial separation
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Registered partnership
<input type="checkbox"/> Dissolved partnership	Date applicable to civil status	<input type="text"/>

Do you have children under 18, or children over 18 in initial education?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name	<input type="text"/>	Date of birth <input type="text"/>
Name	<input type="text"/>	Date of birth <input type="text"/>
Name	<input type="text"/>	Date of birth <input type="text"/>
Name	<input type="text"/>	Date of birth <input type="text"/>

Do you receive a child allowance for this child/these children?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Do you live in the same household as this child/these children?	<input type="checkbox"/> No	<input type="checkbox"/> Yes**
Does the other parent live in the same household?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (cohabitation)

\* Please attach the decision on the allowance

\*\* If you are not resident in the canton of Bern, please attach confirmation of your place of residence

Do you pay maintenance to the other parent for this child/these children?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you receive maintenance from other parent for this child/these children?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Is there a maintenance agreement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (if yes, please attach)
Do you have parental responsibility?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Joint responsibility
Does the other parent have a higher gross income?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Personal details of the other parent

Surname	<input type="text"/>
First name	<input type="text"/>
Street/No	<input type="text"/>
Postcode/Town	<input type="text"/>
Date of birth	<input type="text"/>

If the child lives abroad: do you regularly return to his or her place of residence abroad?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, how often?	<input type="text"/>
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Remarks

Date and signature of **person paying tax at source**

Date, signature and stamp of **employer**

**Instructions**

The form must be completed **truthfully and in full**.

The clarification of parental tariff is only carried out in the case of persons whose civil status is single, divorced, widowed or formerly in a partnership that is now dissolved, and in the case of persons who are de facto or judicially separated from their spouse or partner.

The information is used to determine the applicable tariff. In the absence of reliable information, Tariff A0Y applies.

Tariff A1-9 may only be applied in cases of hardship with express approval of the Tax Administration and in response to an application from the person liable to pay tax at source.

If you pay maintenance to the other parent, Tariff A0Y applies. You can make a deduction in respect of the maintenance payments in a retrospective ordinary assessment. If you do not agree with the amount of tax deducted at source, you can by 31 March of the following year request a contestable ordinance on the existence and extent of your tax liability from the Tax Administration.