



## Employee liable to tax at source:

Date of event

You can send the completed form by email to [qst.sv@be.ch](mailto:qst.sv@be.ch) or use the return postal address printed on the reverse side >>>

### Employer/in

Reference / ZPV No

UID No

Company name / Name

Street / No

Postcode / Town / Canton

Contact person

Tel.

Email

### Please note

This form must be submitted **within 8 days** of the date of the event (e.g. change in civil status) or at the latest when tax at source is deducted for the first time. The form must be completed truthfully and in full. The information serves to determine the applicable tariff. In the absence of reliable information, Tariff A0Y (in the case of single persons or persons with an unspecified civil status) or Tariff C0Y (in the case of a married person) will be applied.

**We do not send any confirmations of tariffs.**

\* Only to be completed if civil status is single, divorced, widowed or separated and there are children for whom deductions can be made.

### Person liable to pay tax at source

Sex ☐ Male ☐ Female

ZPV No / AHV No

First name

Surname

Street / No

Postcode / Town / Country

Date of birth

Nationality/ies

### Civil status

☐ Single ☐ Divorced ☐ Widowed

☐ Married > separated ☐ Yes ☐ No

☐ Registered partnership > dissolved ☐ Yes ☐ No

Date civil status

### Religion

☐ Protestant ☐ Roman Catholic

☐ Christian Catholic ☐ Other / None

### Address in Switzerland

Street / No

Postcode / Town / Canton

### Occupation

Start of work (Date)

Gross salary  CHF

(approx. per month)

FTE (per month)  % or  hours

Other employment or income ☐ Yes ☐ No

Employer's name

Street / No

Postcode / Town / Canton

Country

Total FTE for all gainful activities (in %)

### Type of permit

☐ Cross-border commuter with daily return

☐ Weekly resident with weekly return

### Spouse or registered partner

☐ Male ☐ Female

Gainful activity / Substitute income ☐ Yes ☐ No

Employer

Street / No

Postcode / Town / Country

### Children (first name / surname / date of birth)

1  /  /

2  /  /

3  /  /

4  /  /

### Clarification of parental tariff\*

Do you live with children in the same household (sole custody)?

☐ Yes, number of children  ☐ No

Do you live with a cohabitee? ☐ Yes ☐ No

Do you have parental responsibility? ☐ Yes ☐ No

Do you pay maintenance for adult children? ☐ Yes ☐ No

Do you earn a higher gross income than the other parent? ☐ Yes ☐ No

### Remarks

Date / Signature of **employee**

Date / Stamp / Signature of **employer**

Steuerverwaltung des Kantons Bern  
Quellensteuer  
Postfach  
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