



Employee liable to tax at source:

Date of event _____

Employer/in

The return postal address is printed on the reverse side >>>

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.

* 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 (approx. per month) _____ CHF

FTE _____ approx. hours per week or in %

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
3001 Bern