

Sample questionnaire Withholding tax information

Please fill out the following questions and return the signed questionnaire to the HR department. The information is used to determine the new withholding tax as of January 01, 2021.

Personal Information

Personnel number	
Last name	
First name	
Social insurance number	
Address valid from	
Street	
Supplement	
Postcode / City	



For the following information, the status on the last day of the month is relevant.

Information valid from: (Month/year)			
Nationality			
Permit type			
Civil status	<input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> married <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved registered partnership <input type="checkbox"/> separated		
Civil status valid from			
Do you live in a cohabitation? <i>The information is required for the tariff classification; if you are single, divorced or widowed and have children entitled to deduction</i>	<input type="checkbox"/> Yes <table border="1" style="float: right; margin-left: 20px;"> <tr> <td style="width: 100px;"></td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>		<input type="checkbox"/> No
	<input type="checkbox"/> No		

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Are you a single parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you draw a pension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Denomination <i>The denomination is required in some cantons for the tariff classification.</i>	<input type="checkbox"/> Evangelical-Reformed church <input type="checkbox"/> Roman-Catholic church <input type="checkbox"/> Christian-Catholic church <input type="checkbox"/> Jewish Community <input type="checkbox"/> None / Other	

Single Parent / Head of Household



This information is intended for single persons living together with children or persons responsible for dependants in the same household for whose maintenance they are mainly responsible (SP/HoH)

Do you live in the same household with children entitled to deduction (sole custody)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you cohabit with your partner in the same household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live in the same household with the deductible children and the cohabiting partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you exercise sole custody over children living in the same household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you exercise joint custody over children living in the same household and do you earn the higher gross income than the other parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live with an adult child in the same household and do you earn the higher gross income than the other parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Partner information

i Only fill in if you are **married** or in a **registered partnership**.

Name		
First name		
Date of birth		
Social insurance number <i>(optional)</i>		
Address <i>Only fill in if the address of the partner differs.</i>		
Nationality(ies)		
Permit type		
Does your partner draw a pension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your partner employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes:</i>		
What is the employment type of your partner?	<input type="checkbox"/> Main occupation	<input type="checkbox"/> Secondary occupation
Place of work		
When was the start of the employment or the beginning of the entitlement to substitute income (or the date of entry)		
End of employment or entitlement to substitute income		

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Children

i If you have children for whom you do not receive child allowances from your employer, you can list them below. This information is required to confirm the children eligible for deduction.

Example: Your employed partner receives child allowances for the children you have together. Consequently, you do not receive child allowances from your employer. In this case, you must report the child information to the withholding tax office for the tariff classification.

	Child 1	Child 2	Child 3	Child 4
Name				
First name				
Date of birth				
Sex				
Nationality				
SI number				
Start of entitlement to child deduction				
End of entitlement to child deduction (optional)				

Cross-border commuter information

i Only fill in if your place of residence is **not in Switzerland**.

Type of stay in Switzerland	<input type="checkbox"/> Daily return home	<input type="checkbox"/> Weekly return home
<hr/>		
<i>For weekly return home:</i> Residential address in Switzerland		

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Other / Additional employment

i These questions refer to **other/additional employment**.

Are you pursuing any other gainful employment? <i>Refers to Switzerland and abroad</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes:</i>		
How high is your level of employment in this occupation?		<input type="checkbox"/> My workload cannot be determined
What gross monthly wage amount do you receive for your other employment?		
Job title/function with the other employer <i>(optional)</i>		
Name(s) and address(es) of other employer <i>(optional)</i>		

Substitute income

i For the correct tax rate determination, substitute income must be indicated. In order to determine the correct tax rate, the following must be stated: daily allowances (IS, AI, UI, BVG, etc.) compensation from liable third parties, partial pensions due to disability (IS, AI, occupational benefits, etc.) and capital payments that replace them.

Do you receive a substitute income? <i>Refers to Switzerland and abroad</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes:</i>		
How much per month?		

Please sign the document here:

I hereby confirm that I have correctly filled in all the information.

Place and date

Signature of employee

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General information

Employees subject to withholding tax are responsible for providing the person liable for withholding tax with all information relevant for the collection of the withholding tax. They must do everything possible to enable a complete and correct assessment and, if requested by the relevant tax authority, provide information or submit supporting documents orally or in writing (see Art. 136 DBG and Art. 5 para. 3 QStV).

The basis for the withholding tax on earned income was newly regulated by the Federal Law of 16 December 2016.

The new provisions will come into force on 1 January 2021. For a correct calculation of the withholding tax, additional information is required from the employee. The part-time employee must inform the employer(s) whether he/she is engaged in one or more other gainful activity(ies) or whether he/she is receiving additional/supplementary income.

If the employee discloses neither the workload nor the salary earned from the other activity, each employment relationship is converted to a 100 percent workload for the income determining the rate.

Any changes relevant to withholding tax, e.g. the commencement of further employment (personal and partner's employment) must be reported immediately to the personnel department.

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