

Order tax return (Version 01.23)



		Spouse
First name, last name		
Date of birth		
Nationality		
Denomination		
Marital status		
Profession		
Residential address		
Telephone number/s		
E-mail address		

Order types / basic prices	Standard price		With insurance mandate	
Tax return "simple"	CHF	125.00	CHF	100.00
Tax return "classic"	CHF	160.00	CHF	135.00
Tax return "family"	CHF	195.00	CHF	170.00

The services included in the basic price can be found on our homepage: www.atg-business.ch/treuhand/steuererklaerung/

Surcharges according to expenditure			
Surcharge for incomplete submission or send of the dossier by post. <i>(Price includes filing of the dossier until complete submission, recording and a maximum of one reminder)</i>		+ CHF	30.--
Surcharge for recording the effective real estate and health costs as well as securities items per invoice/document. <i>(Recording of health costs by means of a tax certificate is free of charge)</i>		+ CHF	5.--
Surcharge for two or more properties, per additional property		+ CHF	55.--
Surcharge for recording inheritances and gifts, per position		+ CHF	25.--
Surcharge for intercantonal tax separation <i>(The separation with the other cantons will be done automatically by us)</i>		+ CHF	30.--
Examination of the assessment calculation/disposition (without tax mandate) <i>(If the disposition is served, this is automa. deemed to be an order to examine the assessment)</i>		+ CHF	60.--
Enquiries and consultations as well as mail correspondence are charged on an hourly basis for the respective employees charged on an hourly basis: Clerk: CHF 107.70/h Client advisor: CHF 166.95/h Tax advisor: CHF 188.50/h			

Options			
<input type="checkbox"/>	Tax mandate <i>(Please note the information on the separate power of attorney)</i>	CHF	180.-- Annual fee
<input type="checkbox"/>	Express order within 5 working days <i>(from complete submission of documents)</i> <i>(the express order must be requested in advance by phone)</i>	CHF	75.--
<input type="checkbox"/>	Submission by signature by client <i>(no complete online transmission)</i>	CHF	20.--

Signature

The client confirms the conditions, in particular the information on page 2, the fee tariff, the General Terms and Conditions (ATG) as well as the truthful completion of the questions and places the order to complete the tax return.

Place, date		
Signature customer	Single person/husband	Spouse



Note/Conditions

The prices include VAT and apply to **Switzerland and the Principality of Liechtenstein**. We charge you the most favourable rate for your order type for the tax return (under consideration of possible surcharges). ATG completes the tax return in full on behalf of the client and returns it to the client. **The ATG cannot be held liable for errors or unclaimed deductions.**

Clients undertake to check the completed tax return and report any discrepancies within 5 working days. ATG reserves the right to refuse to complete the tax return. The e-mail address will be used to send this order and our offer in spring and to request any missing documents.

Questionnaire for the preparation of the tax return (questions must be answered in full)

		Spouse
What was your workload? (under 100%, specify working days)	Workload: _____ % <input type="checkbox"/> mo <input type="checkbox"/> tu <input type="checkbox"/> we <input type="checkbox"/> thu <input type="checkbox"/> fr <input type="checkbox"/> sa/so <input type="checkbox"/> Shift work	Workload: _____ % <input type="checkbox"/> mo <input type="checkbox"/> tu <input type="checkbox"/> we <input type="checkbox"/> thu <input type="checkbox"/> fr <input type="checkbox"/> sa/so <input type="checkbox"/> Shift work
How do you get to your workplace?		
With public transport: Did you use your bicycle until you reached the bus stop?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Where is/was your place of work (with address)? (for different locations: with date)		
Home office?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes: Costs for home office: Monthly housing costs? Number of rooms at residence? Number of days per week home office?	Housing costs/month: Number of rooms: Number of days/week: Home-office period:	Housing costs/month: Number of rooms: Number of days/week: Home-office period:
Did you have additional income? (extra job, fire brigade, pensions, solar rebates, etc.)	<input type="checkbox"/> YES * <input type="checkbox"/> NO (Alimony on the next page)	<input type="checkbox"/> YES * <input type="checkbox"/> NO (Alimony on the next page)
Change of residence in the tax year?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please give the full address at that time		
Exact date of change		
Did you receive an inheritance or gift or give away assets in the tax year?	<input type="checkbox"/> YES ¹ <input type="checkbox"/> NO	<input type="checkbox"/> YES ¹ <input type="checkbox"/> NO
Are you involved in a company or undistributed inheritance?	<input type="checkbox"/> YES ¹ <input type="checkbox"/> NO	<input type="checkbox"/> YES ¹ <input type="checkbox"/> NO

¹ Please contact our fiduciary department in advance by phone on 071 740 94 80 so that the documents to be sent to us can be discussed.



		Spouse
Do you own a property/flat? (or sold in the tax year)?	<input type="checkbox"/> YES ² <input type="checkbox"/> NO <input type="checkbox"/> rented ² <input type="checkbox"/> self-inhabited	<input type="checkbox"/> YES ² <input type="checkbox"/> NO <input type="checkbox"/> rented ² <input type="checkbox"/> self-inhabited
² When first prepared by ATG, the tax value (official valuation/appraisal) must be included. If Rental: A copy of the rental agreement must be enclosed.		
How long have you owned the property/s? (indicate date if acquired in the tax year)		
Do you have children?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
if yes, name, first name, Enter date of birth (in the case of joint children only specify once) <i>Please be sure to state your school or apprenticeship)</i>	Apprenticeship / school:	Apprenticeship / school:
	Apprenticeship / school:	Apprenticeship / school:
Do your children live in your household?	<input type="checkbox"/> YES <input type="checkbox"/> NO*	<input type="checkbox"/> YES <input type="checkbox"/> NO*
<i>*if no: With whom and where do the children live? Specify exact address!</i>	Name, first name: Address:	Name, first name: Address:
Do you receive alimony? (Enclose a copy of the practice contract)	Alimony for children: Alimony for yourself: First name/last name and address of alimony recipient:	Alimony for children: Alimony for yourself: First name/last name and address of alimony recipient:
What kind of motor vehicle do you own?	Car brand: Licence plate No.: Purchase year: Purchase price: <input type="checkbox"/> Leasing	Car brand: Licence plate No.: Purchase year: Purchase price: <input type="checkbox"/> Leasing
Did you have costs from further education or retraining in the tax year? (Enclose invoices and timetable)	<input type="checkbox"/> YES * <input type="checkbox"/> NO	<input type="checkbox"/> YES * <input type="checkbox"/> NO

For separate, important information/comments, please use a separate sheet.