

Processing Checklist

Date of processing: _____
 Date of late filing: _____

Name: _____

Cover sheet

Page 1

	1. taxpayer	2. taxpayer	yes	no	later
Tax number, tax-ID-number	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone/Mobilphone-number , Email	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Married / divorced	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank account	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 2

	yes	no	later
household services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
household employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 3

	yes	no	later
Health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acident insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life-, Pension insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riester-pension (SV-number)/Basic pension insurance.§10 Abs.1Nr.2b,Rürup-Rente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
permanent burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 4

	yes	no	later
Handicap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care-blanket-allowance-amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extraordinary costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Income	yes	no	later
Self-employed / buisness income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agricultural/ forestry income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spekulative income / Sale transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustainable business relationships with foreign banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

enclosure N

Page 1

	yes	no	later
Income tax card / tax attestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enclosure VL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application for housing bonus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time over unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Benefits (2), Sickness benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. taxpayer

2. taxpayer

Page 2

Car number plate _____

Drives between work and home _____

Union fees _____

Literature / Telephone costs _____

Computer _____

Accident costs _____

(work-related) moving expenses _____

Application costs _____

Multi-location employment / Driving activity _____

Cleaning of work clothing _____

Hosting colleagues / customers _____

Double households _____

Education costs _____

Tax consulting fees _____

Legal expenses insurance _____

Work-room costs _____

yes	no	later
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

enclosure child 1

Page 1

Name _____

Day of birth _____

Certificate of birth _____

School-, study-attestation _____

Apprenticeship-attestation _____

BaFög-attestation _____

Income tax card _____

Child care costs _____

Child benefit acceptance _____

yes	no	later
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

enclosure child 2

Page 2

Name _____

Day of birth _____

Certificate of birth _____

School-, study-attestation _____

Apprenticeship-attestation _____

BaFög-attestation _____

Income tax card _____

Child care costs _____

Child benefit acceptance _____

yes	no	later
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Information for processing: _____

Signature