

Date of acceptance:	Year:
Date of late filling:	Name:
Date of processing:	

<b>Cover sheet</b>	1. taxpayer	2. taxpayer	yes	no	later
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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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobilephone-number		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-Mail		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Married		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
divorced		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
widowed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank account	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Account number			
	Bank code			

Permanent load		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
prepayments		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Handicap	husband:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	wife:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care-blanket-allowance-amount		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceptional costs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs or first education		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimentation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident 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"/>
Occupational disability insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riester-pension (SV-number)/Basic pension insurance, Rürup		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**additional&other income**

independent/commercial		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculture and Forestry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speculation income		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Pension 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"/>

**Enclosure N**

	1. taxpayer	2. taxpayer	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"/>
Times over unemployment			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment benefits, sickness benefit			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rides between work and home			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Union fees			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literature / phone costs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidents costs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(work-related) moving expenses			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application costs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-location employment / driving activity			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning of workwear			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hosting colleagues / customers			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double households			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education costs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax consulting fees			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal expenses insurance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work-room costs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**child 1**

Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of birth			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-, study-attestation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship-attestation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care costs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child benefit acceptance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**child 2**

Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of birth			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-, study-attestation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship-attestation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care costs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child benefit acceptance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Membership application signed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELSTER signed from Member			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information for processing::	<hr/> <hr/> <hr/>				
	<b>Unterschrift</b>				