

Questionnaire for new employees

1. Employer/company name, place

.....

2. Employees data

Gender ☐ female ☐ male

First name and family name

.....

Residential address (street, postcode, city, country)

.....

E-mail-address, phone

.....

Nationality(ies) - enclose passport/ID copy(s)

.....

Swiss residence permit (enclose copy)

☐ B ☐ C

☐ G ☐ L, F, N

if G, ☐ daily return home ☐ weekly return home

Date of birth

.....

Social security number (756.XXXX.XXXX.XX)

.....

Marital status

☐ single ☐ divorced

☐ married/registered partnership

☐ widowed/sparated ☐ concubinage

since.....

Single parent

☐ yes ☐ no

Confession

☐ roman catholic ☐ old catholic

☐ protestant ☐ other/none

☐ israeli cultural community

Job title (main work)

.....

Date of job entrance

.....

Workload in %

.....

Gross salary in CHF

.....

☐ per year ☐ per month

☐ per hour incl. holiday compensation

Weekly working time in hours

.....

13. monthly salary ☐ yes ☐ no

Bank account number IBAN (CHXX XXXX XXXX XXXX XXXX X)

.....

Other paid employment(s) in CH/abroad

☐ yes ☐ no

if yes, employer/place

.....

Job title / workload in %

.....

Gross salary in CHF

.....

☐ per year ☐ per month

☐ per hour incl. holiday compensation

Date of job entrance/completion.....

Substitute income

Pension

☐ yes ☐ no

Daily allowances (IV, UV, ALV, KGV, etc.), compensation benefits from liable third parties, partial pensions due to disability (IV, UV, occupational pension scheme, etc.) and lump-sum benefits in lieu thereof.

☐ yes ☐ no

If yes, which.....

How much per month in CHF.....

Start/End.....

knowing you.

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Kreston Global network

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FORUM OF FIRMS



3. Spouse, registered partner details

(mandatory information for correct tax tariff)

First name and family name

.....
Residential address (street, postcode, city, country)

.....
Nationality(ies) - enclose passport/ID copy(s)

.....
Residence permit

☐ B ☐ C
☐ G ☐ L, F, N

Date of birth

.....
Social security number (756.XXXX.XXXX.XX)

.....
Employer, Place

.....
Main work

☐ yes ☐ no

Workload in %

.....
Pension

☐ yes ☐ no

Daily allowances (IV, UV, ALV, KGV, etc.), compensation benefits from liable third parties, partial pensions due to disability (IV, UV, occupational pension scheme, etc.) and lump-sum benefits in lieu thereof.

☐ yes ☐ no

If yes, which.....

How much per month in CHF.....

Start/End.....

4. Application for child family allowances

For economically dependent children, for which you are entitled to receive an allowance, whereas entitlement usually ends at the age of 16. Against written proof the entitlement can however be extended to the maximum age of 25 provided the child/children attend(s) initial professional training or studies. In any case you are requested to add copies of the official birth certificates and written evidence as outlined to proof your entitlement.

Who is entitled to child allowances?

☐ you ☐ spouse

Child 1 (Copy of birth certificate/declaration from AHV)

First name and family name, gender

.....
Date of birth

.....
Nationality(ies) - enclose passport/ID copy(s)

.....
Start and/or end of entitlement

Child 2 (Copy of birth certificate/declaration from AHV)

First name and family name, gender

.....
Date of birth

.....
Nationality(ies) - enclose passport/ID copy(s)

.....
Start and/or end of entitlement

Child 3 (Copy of birth certificate/declaration from AHV)

First name and family name, gender

.....
Date of birth

.....
Nationality(ies) - enclose passport/ID copy(s)

.....
Start and/or end of entitlement

5. The accuracy and completeness of the information provided is confirmed by

Place and date

.....
Signature Employee