



Additional Information for Employees and Members of the UZH Subject to Withholding Tax

Information valid as of:

Person subject to withholding tax

Gender male female

Employee no.*

SV no.** 756.

Last name

First name

Date of birth

Nationality(ies)

* if available

** You only need to fill in this field if you're in possession of a Swiss social security number (starting with 756...).

Civil status single divorced widowed
 married registered partnership
 separated dissolved partnership

Religion Protestant (reformed) Roman Catholic
 Christian Catholic Jewish
 not subject to church tax
 other/none

Cross-border commuter

Yes No

Address of residence in Switzerland for cross-border commuters returning home weekly

c/o

Street / no.

Postal code / city / canton

Other employed or self-employed activity(ies)

No Yes:

Employer 1

Switzerland

Abroad

Employment level in %

Percentage cannot be determined

Employer 2

Switzerland

Abroad

Employment level in %

Percentage cannot be determined

Information on replacement income

Receipt of replacement income Yes No

(Direct payment of insurance to you)

Degree of incapacity to work in %

Percentage cannot be determined

Important information

- The application form must be submitted before the position is taken up.
- The form must be filled out completely and correctly.
- Any changes in marital status, number of children, religion, or employment status of the spouse/partner must be reported promptly with an updated form.
- If the information you provide is unclear or if you do not provide any information, the highest possible withholding tax rate will automatically be deducted.

Spouse or registered partner

Gender male female

SV no.** 756.

Last name

First name

Date of birth

Nationality(ies)

Gainfully employed Yes No

Country of employment (if not CH)

Canton of employment (if in CH)

Income from Work or salary substitute

Pension and work

Pension

Employed from/since:

Children

In the case of children, please also complete the next page.

Comments

Place and date

Signature

Signature box

Please only fill in if you have children.

Employee

.....
Last name

.....
First name

Children (last name / first name / date of birth)

1

2

3

4

5

For each child, the birth certificate must be submitted to the HR department.

Is the child/are the children minors or of legal age but still in their first educational program?

No Yes

Do the children live in the same household?

No Yes

How many?

Do you have the parental care?

No Yes

only for

Do you mainly provide for the support of the children?

No Yes

Are you cohabiting?

No Yes

Who earns the higher gross income?

(Please only check if you are cohabiting.)

Employee Cohabiting partner

Comments

.....
Place and date

Signature

