



**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

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

