

CHECKLIST EXCELLENT TREUHAND

yes no

Personal Information:	Partner:	married		
Last name:				
Frist name:				
Address:				
Postal Code, Residence				
Date of birth:				
Children:				
Last name:				
Frist name:				
Birth:				
Last name:				
Frist name:				
Birth:				
Please indicate if different residence:				
Required dokuments from income and assets Swiss and worldwide				
» income from job				
» bank statements of all accounts Swiss and worldwide (closed accounts during year)				
» income from insurances				
» life insurances, statement showing redemption value on 31.12.				
» alimonies received/paid (court order)(Name, address from receiver/payer)				
» gifts or inheritance				
» lottery prizes				
» medical expences (retention, dentist)				
» contribution to private pension scheme (pillar 3a)				
» extra contributions company scheme (second pillar)				
» childcare expenses				
» expenses welth management / bank charges				

If "YES" , please enclose proof

Other general information

Send address:
 Excellent Treuhand
 Nauenstrasse 67, 4052 Basel