

## Personal data relating to your income tax return

Dr. Michael Münch  
Steuerberatung  
Wirtschaftsberatung  
Gründungsberatung

General information	
Federal state:	
Tax office:	
Tax number:	
<i>To be filled in only in case of a change of residence:</i>	
Previous tax office:	
Tax number:	

	Husband (Liable to tax)	Wife
First name and sur-name:		
Date of birth:		
Religious affiliation:		
Actual job:		
Address:		
Phone number:		
E-mail address:		
<i>To be filled in only by husband and wife:</i>		
Marital status:	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced since:	
Community of property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Bank account number:	
Bank code:	
Bank:	
Account holder:	

Information about children (Please fill in a new form for each child!)	
First name and sur- name:	
Date of birth:	
Address:	
	from to
Amount of paid child benefit:	EUR
Relation to husband:	<input type="checkbox"/> Natural child <input type="checkbox"/> Foster child <input type="checkbox"/> Stepchild
Relation to wife:	<input type="checkbox"/> Natural child <input type="checkbox"/> Foster child <input type="checkbox"/> Stepchild
Disability:	<input type="checkbox"/> Yes   Degree: <input type="checkbox"/> No
<i>To be filled in only if there is a relation between the child and a another person:</i>	
First name and sur- name:	
Date of birth:	
Address:	
Duration of the relation to the person named above:	
Relation to the person named above:	<input type="checkbox"/> Natural child <input type="checkbox"/> Foster child <input type="checkbox"/> Stepchild
<i>To be filled in only by singles with children (Child was registered at):</i>	
First name and sur- name:	
Date of birth:	
Address:	
	from to
<i>To be filled in only if there is a joint household with another adult:</i>	
First name and sur- name:	

Date of birth:					
Period:	from				to
<b>Consideration of a full age child</b>					
Education:					
Basic military service:	from	Voluntary year of social service:	from	Job-seeking:	from
	to		to		to
<i>Full age child's income (e.g. salary, scholarship, investment income):</i>					
Period:	Description:			Amount:	
				EUR	
				EUR	
				EUR	
<i>Deductions:</i>					
Costs of earning income:					EUR
Employee's share to social insurance:					EUR
Private health insurance:					EUR
<i>External accommodation of the child during professional education:</i>					
Address:					
				from	to