



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

**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.
- 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 (last name / first name / date of birth)**

1 .....  
 2 .....  
 3 .....  
 4 .....  
 5 .....

**Comments**

Place and date .....

Signature .....