



Dipl. Kaufmann
Burghard Heilgendorff
Steuerberater

Checklist for the initial recording of client data (private person)

The following checklist lists all the data we need to provide our clients with optimal support. We ask you to provide us with this information.

For further information or if you have any questions please do not hesitate to contact us.

1. Family relations

1.1 Personal data:

Last name	<input type="text"/>
First name	<input type="text"/>
Academic degree/title	<input type="text"/>
Adress	<input type="text"/>
Postal code, Place	<input type="text"/>
Private phone	<input type="text"/>
Work phone	<input type="text"/>
Fax	<input type="text"/>
Mobil phone	<input type="text"/>
E-Mail	<input type="text"/>
Date of birth	<input type="text"/>
Place of birth	<input type="text"/>
Nationality	<input type="text"/>
Religion	<input type="text"/>
Marital status	<input type="text"/>
If married, since when?	<input type="text"/>
If divorced, since when?	<input type="text"/>
If seperated, since when?	<input type="text"/>
If widowed, since when?	<input type="text"/>

Profession	<input type="text"/>
IBAN	<input type="text"/>
BIC	<input type="text"/>
Bank	<input type="text"/>
Tax number	<input type="text"/>
Identification number	<input type="text"/>
Tax authority (place)	<input type="text"/>

1.2 Legitimation identity card/passport:

Number	<input type="text"/>
Issuing authority	<input type="text"/>
Nationality	<input type="text"/>
Issued on	<input type="text"/>
valid until	<input type="text"/>

1.3 Personal data of spouse:

Last name	<input type="text"/>
First name	<input type="text"/>
Academic degree/title	<input type="text"/>
Street and house number	<input type="text"/>
Postal code, Place	<input type="text"/>
Private phone	<input type="text"/>
Work phone	<input type="text"/>
Fax	<input type="text"/>
Mobil phone	<input type="text"/>

E-Mail	<input type="text"/>
Date of birth	<input type="text"/>
Place of birth	<input type="text"/>
Nationality	<input type="text"/>
Religion	<input type="text"/>
Profession	<input type="text"/>
IBAN	<input type="text"/>
BIC	<input type="text"/>
Bank	<input type="text"/>
Tax number	<input type="text"/>
Identification number	<input type="text"/>
Tax authority (place)	<input type="text"/>

1.4 Information on children:

1. Child		
Child of:	<input type="checkbox"/> Client	<input type="checkbox"/> Spouse
Biological child	<input type="checkbox"/>	<input type="checkbox"/>
Foster child	<input type="checkbox"/>	<input type="checkbox"/>
Adopted child	<input type="checkbox"/>	<input type="checkbox"/>
Stepchild taken into the household	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild taken into the household	<input type="checkbox"/>	<input type="checkbox"/>
Last name	<input type="text"/>	
First name	<input type="text"/>	
Street and house number	<input type="text"/>	
Postal code, Place	<input type="text"/>	

Date of birth	<input type="text"/>	
Place of birth	<input type="text"/>	
Nationality	<input type="text"/>	
Marital status	<input type="text"/>	
Identification number	<input type="text"/>	
Remarks	<input type="text"/>	
2. Child		
Child of:	<input type="checkbox"/> Client	<input type="checkbox"/> Spouse
Biological child	<input type="checkbox"/>	<input type="checkbox"/>
Foster child	<input type="checkbox"/>	<input type="checkbox"/>
Adopted child	<input type="checkbox"/>	<input type="checkbox"/>
Stepchild taken into the household	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild taken into the household	<input type="checkbox"/>	<input type="checkbox"/>
Last name	<input type="text"/>	
First name	<input type="text"/>	
Street and house number	<input type="text"/>	
Postal code, Place	<input type="text"/>	
Date of birth	<input type="text"/>	
Place of birth	<input type="text"/>	
Nationality	<input type="text"/>	
Marital status	<input type="text"/>	
Identification number	<input type="text"/>	
Remarks	<input type="text"/>	

3. Child		
Child of:	<input type="checkbox"/> Client	<input type="checkbox"/> Spouse
Biological child	<input type="checkbox"/>	<input type="checkbox"/>
Foster child	<input type="checkbox"/>	<input type="checkbox"/>
Adopted child	<input type="checkbox"/>	<input type="checkbox"/>
Stepchild taken into the household	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild taken into the household	<input type="checkbox"/>	<input type="checkbox"/>
Last name	<input type="text"/>	
First name	<input type="text"/>	
Street and house number	<input type="text"/>	
Postal code, Place	<input type="text"/>	
Date of birth	<input type="text"/>	
Place of birth	<input type="text"/>	
Nationality	<input type="text"/>	
Marital status	<input type="text"/>	
Identification number	<input type="text"/>	
Remarks	<input type="text"/>	

2. Matrimonial property of the client:

If a marriage contract has been agreed upon, we ask for a copy.

Is there a marriage contract with the spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what was agreed upon?	<input type="text"/>	
- Separation of property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- modified community of accrued gains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Joint property	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Income of the client:

What types of income do you have?

Profit income (agriculture and forestry, commercial enterprise or freelancer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee relationship (non-self-employed with wage tax certificate)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Investment income (also foreign)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pension income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Renting and leasing	<input type="checkbox"/> Yes	<input type="checkbox"/> No