République et canton de Genève
Département des finances
Administration fiscale cantonale
POST TENEBRAS LUX

Application for Rectification of Withholding Tax (Art. 23 LISP) on Income for the Year 2016

AFC
Service de l'impôt à la source
Rue du Stand 26
Case Postale 3937
1211 Genève 3

You can also apply for rectification on our website through «e-demarches».
This will speed up the processing of your application and you will obtain an immediate receipt for your withholding tax rectification application.
For full details, see www.ge.ch/impots/iso-15.

Taxpayer Reference

Spouse Reference

In order to be considered, your application must mandatorily:
- **include both of these original sheets, dated and signed (no photocopies),**
- **be submitted by 31 March 2017, the application deadline. No extension will be granted.**

On the contrary, if you do not wish to rectify your taxation, please do not return the form.

The copy of the certificate-receipt or pay certificate (approved by AFC) must **be attached mandatorily** to your application. Any other supporting documents that may be necessary will depend on the requested rectifications. See «Completion Aid» at **www.ge.ch/impots/iso-24**.

*Important: Please use the original forms, do not photocopy them, **write in black**, separate the letters and write one letter per box*

1 PERSONAL DATA *(situation at 31 December 2016 or at the end of working activity)*

Civil status
❶ *Single* ❷ *Married* ❸ *Divorced* ❹ *Separated* ❺ *Widow(er)* ❻ *Registered partnership*
(as defined in the Federal Law of 18 June 2004 on registered same-sex partnerships) ❼ *Partnership dissolved*

In case of change of civil status during the year, please specify the date and submit the supporting documents   J J M M A A A A

Living in a free union (common law partner, unregistered partner, PACS (in France))   Yes   No

Personal data of taxpayer

N° AVS13 7 5 6

Surname

First name

Date of birth (DDMMYYYY)

Working activity rate: 100%   Yes   No

In 2016, did you receive an income from a single employer in Switzerland or abroad   Yes   No

Were you a student in 2016?   Yes   No

* Income to be taken into considération:
– income from gainful employment or self-employment
– income earned in compensation (unemployment, illness, etc.)

Personal data of spouse

N° AVS13 7 5 6

Surname

First name

Date of birth (DDMMYYYY)

In 2016, did the spouse receive an income* (in Switzerland or abroad)   Yes   No

if yes   in Geneva   abroad
in another canton in Switzerland

Working activity rate: 100%   Yes   No

En 2016, did the spouse receive an income* from a single employer (in Switzerland or abroad)   Yes   No

Family allowances received by the household in 2016

in Switzerland   abroad   Amount of family allowances received by the household in Switzerland   CHF

Address of the current private home

Taxpayer	**Spouse**

Address of the current private home

☐ *Tick if the address is the same as the taxpayer. Otherwise, enter the address.*

Taxpayer		Spouse	
C/O		C/O	
Street/No.		Street/No.	
Postal code/Locality		Postal code/Locality	
Country		Country	
Tel. No.		Tel. No.	

Data of current employer in Switzerland or abroad

In case of multiple working activities, please indicate data of other employers on plain paper

Taxpayer		Spouse	
Occupation		Occupation	
Surname/Company name		Surname/Company name	
Street/No.		Street/No.	
Postal code/Locality		Postal code/Locality	
Country		Country	

Data of children

Dependent children aged less than 25 years inclusive   *Children born after 31 December 1991*

1
- Surname _____
- 1st name _____
- child of the couple ☐ of taxpayer ☐ of spouse ☐
- Date of birth (DDMMYYYY) _____
- Gross income _____ **CHF** without cents
- Schoolchild, student, apprentice at 31.12.2016 ☐ Employee ☐ Others ☐

1
- Surname _____
- 1st name _____
- child of the couple ☐ of taxpayer ☐ of spouse ☐
- Date of birth (DDMMYYYY) _____
- Gross income _____ **CHF** without cents
- Schoolchild, student, apprentice at 31.12.2016 ☐ Employee ☐ Others ☐

1
- Surname _____
- 1st name _____
- child of the couple ☐ of taxpayer ☐ of spouse ☐
- Date of birth (DDMMYYYY) _____
- Gross income _____ **CHF** without cents
- Schoolchild, student, apprentice at 31.12.2016 ☐ Employee ☐ Others ☐

1
- Surname _____
- 1st name _____
- child of the couple ☐ of taxpayer ☐ of spouse ☐
- Date of birth (DDMMYYYY) _____
- Gross income _____ **CHF** without cents
- Schoolchild, student, apprentice at 31.12.2016 ☐ Employee ☐ Others ☐

1
- Surname _____
- 1st name _____
- child of the couple ☐ of taxpayer ☐ of spouse ☐
- Date of birth (DDMMYYYY) _____
- Gross income _____ **CHF** without cents
- Schoolchild, student, apprentice at 31.12.2016 ☐ Employee ☐ Others ☐

More than 5 dependant ☐   *If you have more than 5 dependant children, please send us, on plain paper, date for the 6th child and any other children.*

Bank details *for a possible tax refund*

Account holder *Please indicate exact bank account details as specified in your bank statement and your home (resident) address*

N° IBAN **C H** ☐ *(IBAN for a Swiss account only) For accounts abroad, please provide a complete BIC (SWIFT) number.*

Surname / 1st name	
Street/No.	
Postal code / Locality	
Country	

Please tick your grounds for rectification and enter all the amounts ROUNDED OFF TO THE NEAREST FRANC. *For amounts in foreign currencies, please use the 2016 exchange rate published on : www.ge.ch/impots/taux-de-change.*

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2   DEDUCTIONS OF ACTUAL COSTS 2016 *(application for travel expenses, gifts, etc.)*

☐ **Application to take into account actual costs**   A tax declaration will be sent to you and must be returned, duly completed, within the set time limit, to the cantonal tax authorities.

ATTENTION
This application cannot be cancelled in any case, not even if the taxation result is unfavourable to you.

*For non-residents, at least 90 % of income (taxpayer and spouse) must be obtained in Switzerland (quasi-resident). An elected domicile must be indicated. For additional information, please visit our website : **www.ge.ch/impots/iso-8**.*

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3   INCOME FROM WORKING ACTIVITY 2016

Supporting documentation for gross annual income* (or net annual income in the case of a self-employed working activity) must be included with this application.

	Annual Gross Salary in Canton of Geneva		Annual Gross Salary in others States of Switzerland		Annual Gross Salary in other Countries	
Taxpayer		CHF		CHF		CHF
Spouse		CHF		CHF		CHF

*Income to be taken into consideration : – income from gainful employment or self-employment
– income earned in compensation (unemployment, illness, accident, etc.)*

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4   WEALTH *(for taxpayers resident in Geneva)*

Did you, i.e. the taxpayer and/or your spouse, have any taxable wealth at 31.12.2016   Yes ☐   No ☐

If «Yes», please return the « Tax Questionnaire » duly completed. See **www.ge.ch/impots/iso-18**

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5   WITHHOLDING TAX 2016 *(for taxpayers resident in Geneva)*

☐ **Withholding tax** _____ CHF   Original certificates of lottery winnings (PMU, Sport Toto, etc.) in Switzerland, security portfolio statements, etc.

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6   DECLARATION OF OTHER INCOME 2016 *(for taxpayers resident in Geneva)*

☐ **Income not taxed at source**   Supporting documents

Housing allowances		CHF	Securities (interest, dividends, etc.)		CHF
Pensions received		CHF	Other income according to attached doc.		CHF

7   CORRECTION OF TAX SCALE / RATE APPLIED 2016

Supporting documents to be attached. See « Completion Aid » **www.ge.ch/impots/iso-24**

☐ **Dependent over aged child(ren)**

☐ **Dependent under aged**

☐ **Dependent child(ren) (parents living in cohabitation)**

☐ **Correction of tax scale**

☐ **Taking into account of spouse's real income in Switzerland or abroad (Tax Scale C)**

☐ **Correction of tax rate**

8   ADDITIONAL 2016 DEDUCTIONS AT THE REQUEST OF THE TAXPAYER

Supporting documents to be attached. See « Completion Aid » **www.ge.ch/impots/iso-24**

☐ **Deduction of payments to a recognised restricted pension scheme (3rd pillar)**

Amount taxpayer [_____] **CHF**   Amount spouse [_____] **CHF**

☐ **Deducting payments to an occupational pension insurance institution for redemption of years of insurance (2nd pillar)**

Amount taxpayer [_____] **CHF**   Amount spouse [_____] **CHF**

☐ **Deduction of alimony**

Amount taxpayer [_____] **CHF**   Amount spouse [_____] **CHF**

☐ **Childcare costs within the meaning and limits of Article 35 LIPP**

Attention : the amount to be reported is the amount charged to you, i.e. the amount that is not borne by an entity such as CAF.

Amount couple
(child(ren) present union)
[_____] **CHF**

Amount taxpayer
(child(ren) previous union)
[_____] **CHF**

Amount spouse
(child(ren) previous union)
[_____] **CHF**

☐ **Other requests**

[   ]

9   COMPLETION

If by the due date 31 March 2017, you are still not in possession of your certificate-receipt or pay certificate (approved by AFC) or supporting documents, you should still submit your request (2 sheets), informing us which supporting documents are missing (you have to send them as soon as possible).

Are any supporting documents for this application missing ?   Yes ☐   No ☐

If so, which ? [_____]

I certify that the information given above is exact and truthful and that all the required income has been reported.

Done at
[_____]

Signature
[_____]

Document to be returned to :

Date (DDMMYYYY)
[_____]

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