Lohnsteuerhilfeverein e. V.	
Lonnsteuerniiteverein e.v.	

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Who recommended us? (Last name, First name) / Coupon code Acrobat Reader for easy completion of the document Male Female Personal data Tax year: Information: After the initial registration, only amendments need to be submitted in following years and attach supporting documents that we don't have yet. Last name First name Date of birth **Religious affiliation** Date of leaving Nationality Occupation (flight attendant / purser / pilot) Married since Separated since Divorced since widowed since Street. Number Post code, City Resident since Did you have more than one residence during the tax year? If yes, date of move yes (please add list if appropriate) no Different address during the tax year: Street Post code, City Phone number Mobile Email address Tax identification number Spouse's last name (may be different) Spouse's first name Date of birth **Religious affiliation** Date of leaving Different address during the tax year: Street Post code, City Occupation Tax identification number

Bank details

IBAN

Tax return



Information: Some documents will be accessed using Elster. Please only send us the documents listed here. If you are unable to answer a question, just leave that field empty.

Attach a one-off complete copy/photograph of government identification card or passport or other valid form of identification (front and back).

Have you ever <u>not</u> filed a tax return through Lohnlotse	no	yes:	(year)
in the past?			(Attach copy of last tax statement with all front and back sides and tax return.)
Who compiled your tax return?	Myself		
	Income t	ax assi	istance association / tax consultant
	Lohn	nlotse	
	I have ne	ever co	mpiled a tax return
Have you made any advance payments to the tax office?	yes (plea	se incl	ude your preliminary income assessment)
	no		

Insurances

Do you have private health insurance?	yes
	no
Have you taken out a Riester pension?	yes
	no
Have you taken out a Rürup or basic pension?	yes
	no

Other Expenses

Do you pay your divorced / permanently separated spouse alimony? (Does not include child support)

Do you pay child maintenance (only relevant if you do not receive child benefit or tax exemption for dependent children)?

Have you donated to a non-profit charity organisation or voter's association?

Do you have a disability?

Did costs for medical expenses occur (e.g. practice fees, supplementary payments, invoices for private medical treatment, medicine)?

	www.llotse.de/downloads	
yes: to what amount? €		
no	(Total year contribution)	
yes: to what amount? €		
	(Total year contribution)	
Annual income for the child	€	
no		
yes: please include documentation (bank account statement or donation receipt)		
no		
yes: please include your disa	bility card	
no		
yes: Please enter the total an documentation on request)	nount (please only include	
Expenses	Refunds	

If necessary add Attachment U:

	SR
yes: Please include a list of transport (date, city, kilome travelled)	くい tres
no	
yes: please include documentation	
no	
yes: Relative's name	
Street, Number	
Post code, City	
Occupation	
Date of birth Income in €	
Tax ID	
no	
yes: Please include a disability card or proof of level of care	
no	
yes: Please include invoice and bank statement (cash payments for tradesmen's invoices are not allowed)	
no	
rately on tradesmen's invoices!	
yes: Please include proof. A corresponding certificate can be downloaded: www.llotse.de/downloads no	
yes: Please include proof. A corresponding certificate can be downloaded: www.llotse.de/downloads no	
ves: please include documentation	
no	3
Were your travel expenses declined? We are happy to help!	
	travelled) no yes: please include documentation no yes: Relative's name Street, Number Post code, City Occupation Date of birth Income in € Tax ID no yes: Please include a disability card or proof of level of care no yes: Please include a disability card or proof of level of care no yes: Please include a disability card or proof of level of care no yes: Please include invoice and bank statement (cash payments for tradesmen's invoices are not allowed) no tratety on tradesmen's invoices are not allowed; yes: Please include proof. A corresponding certificate can be downloaded: www.lotse.de/downloads no yes: please include proof. A corresponding certificate can be downloaded: www.lotse.de/downloads no yes: please include proof. A corresponding certificate can be downloaded: www.lotse.de/downloads no Yes: please include documentation no

Income from Employment

Were you employed?	yes, please include your employment tax notification (for both spouses, if appropriate)
	Germany
	abroad
	no
Did you receive wage-replacement benefits (e.g. sickness, maternity, parental or unemploy- ment benefits)?	yes (include assesment) no

INCOME RELATED EXPENSES (TAXPAYER):

Costs for travel between home and workplace

These journeys were completed using the person's own vehicle or a passenger car allocated to them for use

Period (from to)	Place of departure (address)	Deployment location (address)	km one-way

INCOME RELATED EXPENSES (SPOUSE):

Costs for travel between home and workplace

These journeys were completed using the person's own vehicle or a passenger car allocated to them for use

Period (from to)	Place of departure (address)	Deployment location (address)	km one-way

TRAVEL COSTS BETWEEN HOME AND WORK WITH SHUTTLERS



www.llotse.de



The following proofs are required:

1. Page of contract of employment and, if applicable, last transfer letter (once only). Flight hours summary, flight route deployment invoices (Lufthansa and Condor), duty roster (all other airlines: supported duty rosters). Instructions for downloading the files from the company portals can be downloaded: www.llotse.de/downloads. All files from the company portals should not be scanned, photographed or sent by post, but uploaded in the original digital format or sent by email. Lufthansa files can also be conveniently downloaded with the following tool: www.mydocs.andresen.aero. MyDocs is not yet available for Android or iOS (e.g. iPhone or iPad). Only available for PC (Windows or macOS). Payslip from December or last payslip from tax year, if applicable calculation for duty roster evaluation, crew luggage, uniform, fees for passport, work visa, medical costs, interest on training grants (interest certificate), proofs from Swiss: Attach wage statement, certificate on financial security fund contributions, proof of pension fund contributions, historically published rosters.

For commuters, total expenditure for flight tickets (deduct ticket reimbursements)	Evidence only on request
Total expenditure for other transportation (train, taxi, bus, rental car, etc.)	Evidence only on request
Total expenditure for overnight accommodation without board (hotel, bed and breakfast, standby flat etc.)	Evidence only on request
Total expenditure for actual cleaning, alteration and repair costs of uniforms (convert to Euro if necessary)	Evidence only on request
Total expenditure for compression socks/stockings	Evidence only on request
Total in-flight sales differential	Evidence only on request
Additional journeys to a destination (extra journeys) (please state how many journey you have undertaken in addition to normal flight service which are not included in the duty rosters or flight hour tables)	Evidence only on request Number Location (address)
	Reasons, e.g. postbox check, staff meetings, first aid, flight simulator etc.
	Number Location (address)
	Reasons, e.g. postbox check, staff meetings, first aid, flight simulator etc.
Did you use a flight booking or duty roster evaluation program?	yes: which one?
	no
Which flight company were you amployed by?	

Which flight company were you employed by?



Did the flight attendant foundation training/purser training take place in the fiscal year?

yes: where:

from:

to:

Training contract, training plan (timetable), if applicable attach invoice for costs incurred for accommodation, invoice for work materials (laptop or similar) etc. The "Further Training Costs" annex can be downloaded: www.llotse.de/downloads

no

yes: Attach pilot training annex: www.llotse.de/downloads

no

yes

no: Name of the training course (attach training certificate)

Other Income Related Costs

Is pilot training the first training course you have completed

(paramedic or ski teacher training or other forms of training

Did you use personal means of telecommunication (land line/internet/mobile) for work?

Did the pilot training take place in the fiscal year?

also count as a first training course)?

- Land line/internet:

- Mobile:

Have you, either full-time or part-time, worked from home (using a home office)?

(e.g. also during professional training, further training and continued training, management of own tenancies, trade activity, freelance work, operation of a solar power system)?

Info: The home office must be a separate room. Not a corner office in a living room or in your bedroom.

Did you run two households?

Did costs occur for work-related relocation

(e.g. including a reduction in travel time of more than one hour)?

yes: Please include employer statement We provide sample statements on request: www.llotse.de/downloads

Please list the amounts of three consecutive months (e.g. May 29.00 €, June 35.59 €, July 40.00 €)

Please list the amounts of three consecutive months (e.g. May 33.00 €, June 39.95 €, July 41.00 €)

no

yes: Attach sketch of residence and home office (example sketches can be downloaded:

www.llotse.de/downloads), stating the size of the home office, total surface area of residence, rent and all proofs of costs (running costs, notary, property tax, deed of purchase, estate agent, interest on loan etc.). The annex and certificates for the home office can be downloaded: www.llotse.de/downloads no

yes: Please include rental agreements for both households, proof of costs as for office (for this it is necessary for your own household to be located at the focal point in your life). The "Two Households" annex can be downloaded: www.llotse.de/downloads no

yes: Please include proof of payment (double rent, purchase of a stove, heating units), list of travel during relocation and house hunting. The "Moving Costs" annex can be downloaded: www.llotse.de/downloads no Did expenses occur for job applications?

Did you have costs to restore health?

Here we are talking about typical occupational diseases. Because then, for example, expenses for back training and neck massages can also be recognised by the tax office.

Did expenses occur for other professional trainings?

Did costs occur for tax consulting?

Are you a member of a union / professional association (e.g. IGM, Verdi, UFO, etc.)?

Did you purchase work equipment

(e.g. computer, mobile phone, office supplies, professional literature, work wear, luggage / flight kit)?

Do you have any of the following: legal expense insurance for labour law, professional liability insurance, casualty insurance, loss-of-license insurance, overseas health insurance?

Have you invested capital-forming payments

(e.g. home loan and savings contract, stocks and bond savings contract)?

Did extraordinary vehicle costs occur (on the way to work)?

Did work-related postage costs occur?

Have you incurred costs for occupational medical examinations?

yes: Attach preparation seminar (e.g. for German Aerospace Center (DLR) test, simulator for screening), type rating costs, Xing fees or similar portals etc. The "Application Expenses" annex can be downloaded: www.llotse.de/downloads

yes: Please include proof. Attach proofs. The "Litigation Costs" annex can be downloaded: www.llotse.de/downloads

no

yes: please include documentation

no

yes: Please include proof, contract, training time table, listing fees for registration, accommodation, learning communities, travel, work equipment, specialist literature, interest payment for student loans, etc. We provide a sample table for travel on request.

no

yes: Please include proof of payment of tax consultants, income tax assistance associations and software (Lohnlotse invoices are available to us) no

yes: please include proof of payment for union fees / professional association fees no



yes: please include documentation (An template employer statement can be downloaded: www.llotse.de/downloads)

no, please add the annual tax deductible amount for work-related costs of 110 ${\ensuremath{\in}}$

yes: please include documentation

no

yes: please include a capital-forming payment statement (available at your investment bank). (from 2017 onwards, statements will no longer be issued)

no

yes: Please include documentation of accident costs, costs for a replacement engine, costs due to theft (if the insurance did not reimburse these) The "Accident Costs" annex can be downloaded: www.llotse.de/downloads

no

yes: Please enter the total amount (please only include documentation on request)

no

yes: please include documentation

no



INVESTMENT INCOME

Do you have income from capital assets?

yes. Please include the tax statement issued by the bank (for investment income over $801 \notin$ if single / 1,602 \notin if married)



yes, I have an exemption order (My investment income is below 801 \in if single / 1,602 \in if married)

no, I do not have investment income

Do you receive investment income from abroad?

yes

no, I do not receive investment income from abroad

Bank Banking Institution	

I have been advised that not declaring investment income corresponds to tax evasion and Lohnlotse e.V. is not responsible for any consequences thereof.

Do you receive foreign income or do you live abroad?

yes: Attach EU/EEA certification and, if required, application for unrestricted tax liability: www.llotse.de/downloads

In the case of income from Switzerland, attach the following supporting documents:

Salary statement including additional or supplementary sheets, salary statement from December or the last one from the tax year, proof of the employer's contribution to the daily sickness allowance (loss of salary) insurance, pension fund certificate (annual certificate at the end of the respective year), which shows the amount of the employee and employer contributions to the compulsory and non-compulsory pension fund. Certificate of health insurance contributions, if you are insured for health insurance in Switzerland; in the event of termination of cross-border employment, the statement of departure from the pension fund and proof of the whereabouts of the vested benefits.

Amount of foreign income, stated in Euro:

no

		V
Do you receive a pension?	yes	
	no	
Pension payments started on:		
Testator's date of birth (for widow's pension):		
Do you receive alimony payments from your divorced / permanently separated spouse (not child support)?	yes: Please attach annex U and sign it. (Can be requested from us) no	
Do you have any other income (business, self-employed work, income abroad)?	yes: Please explain and attach proofs for all income / expenses (Excel tables for recording income and expenses can be downloaded: www.llotse.de/downloads)	
	no	
Do you receive income from a photovoltaic system?	yes: please include the power supplier's invoice, documentation on the system's purchase costs, if appropriate proof of financing, insurance, account management fees, other documentation. The "Solar Power System" annex can be downloaded: www.llotse.de/downloads	
	no	
Do you have income from the sale of undeveloped, developed land or rights equivalent to real property (e.g. heritable building rights) if the period between acquisition and sale did not exceed 10 years?	yes: Attach proof of purchase and sale. no	
Do you have income from the sale of cryptocurrencies, antiques, works of art, vintage cars or similar assets (with the exception of items for everyday use such as cars) if the period between acquisition and sale did not	yes: Attach proof of purchase and sale. no	

If you don't have children and have no income from rent and leases, you have now completed your statement. If not, please fill out the following pages.

exceed 1 year?



Do you have children?

yes: please answer the following questions. no, continue to income from rent and leases on page 14.

Information on children is only necessary as long as they are under 18 or have reached the age of 18, but are still in school, studying or undergoing professional training.

1ST CHILD

Relevant family benefits department (location e.g. Bonn)					
First name	Last name, if different				
Date of birth	Tax i	dentification r	umber		
Does a disability exist?		yes: Please ind no	clude disability card		Date, from
Child's relationship to taxpayer:		natural child / stepchild	adopted child	foster child	ł
Child's relationship to spouse:		natural child / stepchild	adopted child	foster child	Date, from
Name, address and date of birth of the other natural parent: (if different from own address)					
Last name, First name	Addr	ess			
Date of birth					
Does the other parent fulfill their child support obligations?		yes	no		
If you are a single parent, do you live alone with your child/ children?		yes	no		
Where is the child registered?		registered with me registered with the other parent Own household, period:			
Did you receive child benefits?		yes no			
Were fees for health and nursing insurances paid (for privately insured persons only)		yes			

Does your child already have their own income (for
example during professional training) whilst you still receive
child benefits?yes: Please
noCosts for child care: (annual total excluding dinner money, for
example for nursery school, day care, minder, or similar)

School fees:

FOR ADULT CHILDREN

Is your child still undergoing their first professional training?

yes:	no:
Student	Own income
Please include a copy of the student identification card	Unemployed
to	
Please include child's employment tax statement	Other
to	
Student Please include child's certificate of matriculation	
to	
Seeking training	
to	
Other	

CHI	LD
	CHI

Relevant family benefits department (location e.g. Bonn)		
First name	Last name, if different	
Date of birth	Tax identification number	
Does a disability exist?	yes: Please include disability card	
		Date, from
Child's relationship to taxpayer:	natural child / adopted child	foster child
	stepchild	
		Date, from
Child's relationship to spouse:	leibliches Kind / Adoptivkind	foster child
	stepchild	

yes: Please include child's employment tax statement

since

since

Independent sponsorship

financed school. Attach

supporting documents.

or predominantly privately

Please include the council notice or bank account statements (Childcare via grandparents, for example, is also possible.) Template calculations for childcare can be downloaded: www.llotse.de/downloads

Name, address and date of birth of the other natural parent: (ii	f different from own address)	Ş	
Last name, First name	Address		
Date of birth			
Does the other parent fulfil their child support obligations?	yes no		
If you are a single parent, do you live alone with your child/ children?	yes no		
Where is the child registered?	registered with me		
	registered with the oth	er parent	
	Own household, period	d:	
Did you receive child benefits?	yes		
	no		
Were fees for health and nursing insurances paid	yes		
(for privately insured persons only)	no		
Does your child already have their own income	vos: Plazsa insluda shil	d's ampleyment tax statement	
(for example during professional training) whilst you still	yes: Please include child's employment tax statement no		
receive child benefits?	no		
Costs for child care: (annual total excluding dinner money, for		Please include the council notice	
example for nursery school, day care, minder, or similar)		or bank account statements (Childcare via grandparents,	
School fees:		for example, is also possible.)	
	Independent sponsorship	Template calculations for childcare	
	or predominantly privately financed school. Attach	can be downloaded: www.llotse.de/downloads	
FOR ADULT CHILDREN	supporting documents.		
Is your child still undergoing their first professional training?			
yes	no:		
Student	Own income	since	
Please include a copy of the student identification card	Unemployed	since	
to	Onemployed	Since	
Trainee	Other		
Please include child's employment tax statement			
to			
Student Please include child's certificate of matriculation			
to			
Seeking training			

to

Other

3RD CHILD



Relevant family benefits department

(location e.g. Bonn)

First name	Last name, if different	
Date of birth	Tax identification number	
Does a disability exist?	yes: Please include disal no	
Child's relationship to taxpayer:	natural child / adopted	Date, from child foster child Date, from
Child's relationship to spouse:	natural child / adopted stepchild	
Name, address and date of birth of the other natural parent: (if	different from own address)	
Name, First name	Address	
Date of birth		
Does the other parent fulfil their child support obligations?	yes no	
If you are a single parent, do you live alone with your child/ children?	yes no	
Where is the child registered?	registered with me registered with the othe Own household, period	
Did you receive child benefits?	yes no	
Were fees for health and nursing insurances paid (for privately insured persons only)	yes no	
Does your child already have their own income (for example during professional training) whilst you still receive child benefits?	yes: Please include child no	l's employment tax statement
Costs for child care: (annual total excluding dinner money, for example for nursery school, day care, minder, or similar) School fees:		Please include the council notice or bank account statements (Childcare via grandparents, for example, is also possible.)
	Independent sponsorship	Template calculations for childcare can be downloaded:

www.llotse.de

www.llotse.de/downloads



FOR ADULT CHILDREN

Is your child still undergoing their first professional training?

	Seeking training	
Student Please include a copy of the student identification card	Other	to
to	Other	
Trainee Please include child's employment tax statement		
to	no:	
Student	Own income	since
Please include child's certificate of matriculation	Unemployed	since
to	Other	

Income from Rent

Do you rent a flat or house?		yes: please include a copy of appendix V from the previous year and answer the following questions no, you are done ©		
Type of object (e.g. Condominium, house, modern building, old building, restored property under historic and monument protection, restored property in redevelopment area):				
Assessed value identification number (You can find this on the assessed value statement or the property tax statement):				
Property address		Date of transfer benefits and obligation Date of puchase contract or date of purchase price payment	ns	
		Rented since		
Construction year		Monthly income from rent (net cold rent) include rental agreement		
ALLOCATION OF INCOME:				
Tax payer	%	Spouse	%	
AREA / USE				
Total size of the flat(s) for own use		Of these rented		
	m²		m²	
		Self used area	2	
		1	m ²	

EXPENSES RELATED TO INCOME FROM RENT: < Annex "Rental" can be downloaded: www.llotse.de/downloads Common charge / incidental costs or operating costs Please include documentation statement Interest on mortgage Property is no longer mortgaged Please include annual interest statement without repayment portion Please include documentation Other fundraising costs Property tax Please include documentation Please include documentations On acquisition: Purchase contract, notary, court, property transfer tax, if appropriate estate agent invoice and corresponding payment receipts (one-time) In the case of manufacture: an overview of the construction Please include documentations costs and payment receipts (one-time) Division of the purchase price into foundation, land and Work aid for calculating the division of the land purchase building value (one-time) price can be downloaded: www.llotse.de/downloads Please include documentations Maintenance expenses/ renovation or refurbishment costs Travel expenses for viewings and / or owner's meetings Rides km of one way Vacancy (please state period) to

Flat is not currently rented due to (please explain: e.g. search for tenants, renovation):

Please provide documentation of intention to rent during vacancy (Requests, Immobilienscout)

Please include documentation

Further tax relevant information on rent

I herewith confirm that I / we have made/provided all information, statements and declarations necessary to compile the tax return accurately and completely to the best of my/our ability.

Location, date

Signature



SAVE TIME AND TROUBLE: Simply sign with your PC mouse! Just click "Fill and sign" in Acrobat Reader and follow the instructions.

