## **Maintenance Declaration for Calendar Year 20**

Mr./Ms.	First name		Surname				
Residing in Germany	Street		Po	stcode	City		
has requested	has requested that maintenance payments to the following person be approved for tax deduction:						
		Supporte	ed p	erson			
A. Personal details							
First name and surname							
Date of birth							
Place of birth							
City							
Familial relationship to Applicant/Spouse							
Family status (please cross as applicable)		Single		Married		Widowed	Divorced
Job (please enter or cross as applicable)		Type of work		Regular		Occasional	None
					]		
Other persons living in the household							
<u>'</u>							
Confirmation of foreign municipal authority/registration office:							
The preceding information on the person to be supported is in accordance with the truth, according to our documents.							
Official seal and signature							
(place, date)							

B. Economic status of the person to be supported							
I. Income/outgoings							
As the person to be supported, I had the following income and outgoings in the year 20 :							
consisting of	Income (in national currency)	Outgoings (in national currency)					
Salary							
Annuity/pension							
Agriculture							
Trade activity/ freelance activity							
Letting/leasing							
Other sources of income (e.g. interest etc.)							
Social benefits							
Note:	,						
The aforementioned statements are to statement, pension approval certificat on the social benefits received from the from the authorities stating this)	e, certificate from the responsible lab	oour or social authorities					
, , , , , , , , , , , , , , , , , , ,	II. Assets						
As the person to be supported, I had	the following assets in the year 20 :						
Type of asset	Explanation	Value in national currency					
Total value of assets							
Of which:							
Estate:							
Own house							
Agriculture							
Further holdings							
Other assets (e.g. bank deposit, insurance policies)							
My assets are sufficient to meet subsition (please cross as applicable)	 istence costs:	Yes No					

C. Other information						
1. When did you first receive supp	ort?	Month	Year			
How were you paid and who made the payments?  (Please explain)						
How did you meet your living costs before the support payments began? (Please explain)						
4. a) <b>Do you live together in a hou</b> (please cross as applicable)	sehold with other supported persons?	Yes	No			
4. b) If yes, please state their names and their relationship to you.						
5. a) <b>Do other people contribute s</b> (please cross as applicable)	ubsistence money?	Yes	No			
5. b) If yes, please give the name and address of this/these person(s) and the amount of support they provide.		<u> </u>	_			
6. Why were you unemployed/only occasionally employed?  (Please explain if applicable - this only needs to be filled out if you are of working age)						

D. Guarantee						
I guarantee that the above information is true and has been declared to the best of my knowledge and in good faith.						
(Place, date)	(Signature of the person receiving support)					
Note:  The information on the supported person are considered to be information on the person liable for tax.  Incorrect information may lead to fines or legal penalties.						

## E. Explanations

- 1. For each supported person, one certificate must be issued and submitted as a document for the income tax return.
- 2. Submission of the certificate does not entitle the submitter to any legal right to the tax allowance that has been applied for. The fiscal authorities may, in individual cases, demand further proof.