

Questionnaire Income Tax Return 2025



Name		
Address		
zip code/ city		
Date of Birth		
BSN -number		
E-mail		
If you came to or left the Netherlands in 2025, please give us the date you registered or deregistered yourself from the local city hall		
Personal Situation 2025	Single / Unmarried Living together / Part of the year being unmarried living together / Married / Part of the year being married	
Name and date of birth of the child(ren) living at your home		
Have you been granted the 30% ruling?	Yes / No	
Income	Number of enclosed annual statements of yourself	
	Number of enclosed annual statements of your partner	
Other income from yourself and/or your partner	for example, supplementary earnings, freelancer, home help, received alimony	
	Did you make any costs concerning this income?	

Questionnaire Income Tax Return 2025



<p>working abroad: Please give us the periods of working abroad and the country's; preferably an employer's declaration, copy pay slips, seaman's book, copy flight tickets (e-tickets/frequent flyer), passport with visa stamps</p> <p>Do you have an E101/A1-form? If so, please send us a copy of this.</p>	
<p>when you do own real estate:</p> <ul style="list-style-type: none"> • Copy of your WOZ value / OZB assessment 2025 • The interest you paid for the mortgage in 2025 • The height of the mortgage debt on 31 December 2025 • Possible other costs you made with reference to your mortgage (for example taxation- and notary costs) please send us the bills of this <p>Did you raise your mortgage or do you have a new one? If so, we would like to know;</p> <ul style="list-style-type: none"> • The amount of the mortgage and the interest paid • The reason for raising your mortgage or have a new one 	
<p>Paid premiums for life annuity:</p> <ul style="list-style-type: none"> • The receipts from the premiums you have paid • The A-factor (pensioen aangroei) of 2025 when you save for your pension by your employer. You can find this on the annual statement 2026 of the pension. <p>Paid premiums for the Insurance incapacity for work disablement (AOV Insurance)</p>	
<p>This question is only applicable if you NOT have the 30% ruling!!</p>	
<p>If your assets minus your debts exceed € 57.684 (or together with your fiscal partner € 115.368) please sent your annual statements 2025 of all your bank accounts, debts, shares etc.</p> <p>Dutch dividend tax withheld on dividends, withholding tax deducted from interest on savings</p> <p>A second home, we received like the WOZ value, overview of the mortgage and the rental per month</p>	

Questionnaire Income Tax Return 2025

TAX DEDUCTIONS		
Paid alimony for your ex-partner:	Total amount in 2025 you have paid on alimony	
	Name, date of birth, address ex-partner	
Costs regarding your health: • For example, bills from the doctor, dentist, hospital, medicine etc.	Yes / No	
This must be costs that are not compensated by your health insurance company.		
Study costs are no longer tax deductible		
Deductible gifts: This has to be a gift to an organization that is mentioned as a <i>Algemeen Nut Beogende Instelling (ANBI)</i> (a religious, ideological, charitable or cultural organization) If so, please send us an overview of the payments.	Yes / No	
PRELIMINARY REFUND OR PAID A PRELIMINARY ASSESSMENT & TOESLAGEN		
Did you receive a preliminary refund or paid a preliminary assessment for 2025? If so, please send us a copy of this refund/assessment.		
Childcare allowance: Please send us the annual statement which you received from the childcare. • How much contribution you received from your employer regarding the childcare? • How much childcare allowance you received in 2025? Please send us a copy of the assessment you received for the childcare allowance.		
How much zorg-, huurtoeslag and/or kindgebonden budget do you		

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received in 2025? Please send us a copy of the assessments you received.	
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By signing this form, I authorize Intax Tax Consultants to:

- file my income tax return 2025 electronically to the Tax Authorities
- use direct debit (automatische incasso) for the payment of the invoice for filling my income tax return 2025. My bank account number is . . .

Date

Signature