

Please remember:
Return signed, even if you did not employ any staff this year.

Declaration of salaries paid by the employer to its staff

Affiliation number Declaration year

Name of your BVG/LPP pension fund > if you changed BVG/LPP pension fund this year, tick here and enclose a certificate of affiliation ☐

Name of your UVG/LAA accident insurer > if you changed UVG/LAA accident insurer this year, tick here and enclose a certificate of affiliation ☐

Company name

Street / No.

Postcode / Town

Staff list			Employment period ³		Gross salaries		Waiver of exempt amount
OASI no. ¹	Surname and first name	Place of work ²	Start	End	OASI/DI/IC	UI ⁴	
							☐
							☐
							☐
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☐ **Tick here if you did not employ any staff this year**

Certified correct and in accordance with the AHVG/LAVS and its implementing provisions (see leaflet 2.01, www.ahv-iv.ch)

Total salaries subject to contributions / carried forward

0.00

0.00

Date Stamp and signature

¹ OASI no. = 13-digit OASI number (social security number)

² Enter the canton of the place of work

³ For the year to which the declaration relates

⁴ UI = unemployment insurance