

Finanzen und Gesundheit  
Steuerverwaltung  
Hauptstrasse 11  
8750 Glarus

**Certificate of residence**

Mr                       Ms

Surname .....

First name(s) .....

Street/No .....

Postcode/Town .....

Date of birth .....

PID-No .....

AHV-No .....

Residing in the canton of Glarus since .....

*Foreign country for which residence is being certified:*

Country .....

.....  
Place, Date

.....  
Signature

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The following is completed by the tax administration. **Please leave it blank!**

The tax administration of the Canton of Glarus, Switzerland, confirms the above information.

.....  
Place, Date

.....  
Tax administration of the Canton of Glarus