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Personal details

employee ID		Salutation and s	Salutation and surname			First name				
(optional – assigne	ed by Payche	<i>(</i>)								
☐ male ☐ female ☐ non-binary ☐ indefinite	le		Date of birth		Birth name		City	and country of birth		
Street name			Street number Postal	code	City		•			
Commencement of employment Fixed-		Fixed-te	rm employment until	Projec	Projected date of leave or retire			nercantile commercial		
Occupational title E		Business premises (city)		Busine	Business premises (federal state)		tate)			
Weekly working hours		Entitled to () vacation days during first year of employment			Entitled to () vacation days duri sophomore year of employment					
Name and residence of bank		IBAN		1	☐ Cash			Alternative account holder		
□ R	egistered life p	partner of the	porting GmbH or UG ne reporting sole proprietor ng sole proprietor				□ Natural	ing sole proprietor child of the reporting sole proprietor tor		
Employment status (single choice) ☐ Regular employee (monthly income exceeds 2000 €) If ☐ employee has additional jobs with wages above 538 € please specify exact monthly income under "Notes".			☐ Apprentice End of apprenticeship contract:			☐ Non-mandatory pre-study industrial internship ☐ Non-mandatory pre- or post-study industrial internship ☐ interim internship (attach valid matriculation certificate)				
☐ Minijob (up to 538 € per month) In			Student			☐ Mandatory pre- or post-study industrial practical				
addition, fill in P6002			Attach a valid matriculation certificate!			Enclose corresponding proof found within study regulations				
□ Low wage incom 2000 € per mor In addition, fill in	nth)		Short-term/seasonal employment (3 months or 70 working days per year) In addition, fill in P6004			☐ Mandatory interim study industrial practical Please enclose corresponding proof found within study regulations!				
		(are neces	ssary for new hires durir	_			etrieved elec	ctronically)		
Employee's occupat Primary occupat Additional occup	ion					ob d by employer d by employee		Professional association dues Bremen Saarland		
Tax-ID (11 digits) Tax			class	oyee's religious denomination			Spouse's religious denomination			
			hly tax free ınt (€)	Month	onthly additional amount (€)			Coefficient		
Statutory accident i	nsurance									
Hazard class in case nothing is filled in, Paychex will use the r for increased risk area										
Cost calculation (costs can be	divided i	nto up to 10 cost units	. Please	enter yo	our desired s	egmentatio	on under "Notes")		
Cost calculation					Payer					
Company pension s	scheme (pleas	se enclose	contract documents)							
Primary insurance Pension fund Relief fund Contract regarding capital-forming investments (VL-Vertrag)			Total monthly Fee			Employer's contribution		Employee's contribution euro		
First run:			Receiving financial institution Col			tract number				
☐ Direct debit or st	anding order									
Name and location	of bank		IBAN							

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Social insurance data

Statutory health insurance	Voluntarily insured with a compulsory health insurance fund (if gross earnings exceed 69,300.€ annually or 5,775 €			☐ <u>Private</u> medical insurance Monthly fee as specified by § 257 SGB V			
Name of insurance	monthly. Name and business premises of insurance			Total fee for health insurance €			
				Total fee for nursing insurance			
(Enclose membership certificate of health insurance)	(Enclose membership certificate of health insurance)			<u>Deductible amount from wage tax as specified by</u> § 10 Abs. 1 Nr. 3 EStG Deductible amount for health insurance €			
	The employer does not pay the total contribution to the health insurance			Deductible amount for nursing insurance € Please enclose certificates issued by private insurance. Please also enter employee's last health insurance as the pension- and unemployment insurance contributions must be paid accordingly.			
Social Security Number (12 digits):				Nationality:			
Pension contributions will go to a spepension scheme. The employee will			(Add a certifica	te of said benefits _l	olan / pension scheme)		
Does the employee have children? ☐ Yes ☐ No	respective nursing ins	surance, ple	ease attach proof of	parental status, e.ç	charges for childless indivion g., proof of birth for <u>one</u> chi or the entire duration of its	ild. Said	
Education Without diploma (1) Volks-/Hauptschule (2) Mittlere Reife or equivalent (3) Abitur/Fachabitur (4) Unknown (5)	W W W W W W W W W W	Graduation level/vocational education Without vocational education (1) Completed their vocational education (2) Craftman's diploma or equivalent (3) Bachelor (4) Master's degree or equivalent (5) PhD (6) Unknown (7)					
Temporary work assignment (TWA) ☐ No (1) ☐ Yes (2)	Ο̈́F	Type of employment Full-time, permanent (1) Full-time, fixed-term employment Part-time, permanent (2) Part-time, fixed-term employment					
Employed retiree		/1	Type of pensio		,		
Employee with severe disability			e employee's sever		·		
☐ Wages in the construction industry	ZVK - employe	e number:		(Add a holid	day certificate from previo	us employer)	
Salary (please remember the statutory		.41 € or th		m wage for your			
Salary	Hourly wage		Additional pay		Is the annual income hig than 69,300 €?	iner	
euro		euro		euro	Yes	□No	
Apprentice 1st year	Apprentice 2nd year		Apprentice 3rd ye	ear	Apprentice 4th year		
euro		euro		euro		euro	
Passage money (private car)	way)	ance between residence and workplace (one) kilometers			ne Taxation of passage money: By employer (taxed with 15%) By employee via tax card		
Company car gross list price		een reside	nce and workplace (mployee's contribution pe	er month	
euro)		kilometers		euro		
Notes							
Note: Immediate reports must be requ	ested from Paychex w	rith a sepa	rate form.				
Place, date				En	nployer's signature	_	