

Personal details

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|---|--|---|---------------|--|--|
| Personnel Number <i>(optional – assigned by Paychex)</i> | | Surname + Title | | First Name | |
| <input type="checkbox"/> male | <input type="checkbox"/> single | Date of birth | Name at birth | City and country of birth | |
| <input type="checkbox"/> female | <input type="checkbox"/> married/partnership | | | | |
| <input type="checkbox"/> divers | <input type="checkbox"/> divorced | | | | |
| <input type="checkbox"/> indefinite | <input type="checkbox"/> _____ | | | | |
| Street | | Number | Postal code | City | |
| Start of employment | Initial Fixed-term Employment | Date of termination | | <input type="checkbox"/> employee <input type="checkbox"/> worker | |
| Employed as | City of establishment | State of establishment | | <input type="checkbox"/> The employee is a spouse, partner or | |
| Weekly working hours | Vacation days entitled during year of first employment | Vacation days entitled during next year of employment | | <input type="checkbox"/> The employer is the managing director | |
| | Days | | | | |
| Name and place of bank | IBAN | <input type="checkbox"/> Cash | | Alternate account holder | |

Employment Status (use only one option)

| | | |
|--|---|---|
| <input type="checkbox"/> Regular employee (above 1300 Euro) | <input type="checkbox"/> Apprentice | <input type="checkbox"/> Non-mandatory pre-studies placement |
| <input type="checkbox"/> Employee has additional jobs with wages above 450 EUR, then please note it at the end under Notes | End of Apprenticeship contract: | <input type="checkbox"/> Non-mandatory pre- or post studies placement |
| | | <input type="checkbox"/> Non-mandatory interim studies placement <i>Enclose a valid matriculation certificate!</i> |
| <input type="checkbox"/> Minijob (up to 450 Euro) | <input type="checkbox"/> Student | <input type="checkbox"/> Mandatory pre- or post studies placement |
| In addition, fill in P6002 | Enclose a valid matriculation certificate! | Enclose proof of study regulations! |
| <input type="checkbox"/> Low wage income (450.01 Euro – 1300 Euro) | Short-term/seasonal employment (3 months or 70 working days per year) | <input type="checkbox"/> Mandatory interim studies placement |
| In addition, fill in P6003 | In addition, fill P6004 | Enclose proof of study regulations! |

Income tax deduction (are necessary for new hires during the first payrun, afterwards retrieved electronically)

| | | | | | |
|--|----------------------------------|---|--|-----------------------------------|--|
| This is for the employee a | | If Minijob | | Chamber contribution | |
| <input type="checkbox"/> Primary occupation | | <input type="checkbox"/> 2 % Tax paid by employer | | <input type="checkbox"/> Bremen | |
| <input type="checkbox"/> Additional occupation | | <input type="checkbox"/> 2 % Tax paid by employee | | <input type="checkbox"/> Saarland | |
| Tax-ID (11 digits) | Tax class | EE's religious affiliation | | EE's spouse religious affiliation | |
| Tax exemption for dependent children | Monthly tax exemption amount (€) | Monthly additional tax amount (€) | | Factor | |

Workers Compensation

| | |
|---|-------------------------------------|
| Hazard pay job: <i>master Hazard pay job</i> | <i>(optional - Paychex uses the</i> |
|---|-------------------------------------|

Cost Center (we can split the costs up to 10 cost centers. Note the partitioning at the end under "Notes")

| | |
|-------------|-------------|
| Cost center | Cost object |
|-------------|-------------|

Company pension scheme (please enclose contract documents)

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|--|---------------------------------|-------------------------|-------------------------|
| <input type="checkbox"/> Direct insurance | Total monthly Fee | Employer's contribution | Employee's contribution |
| <input type="checkbox"/> Pension fund | | | |
| <input type="checkbox"/> Relief fund | | | |
| <input type="checkbox"/> Capital-forming investments (VWL) | Euro | Euro | Euro |
| First run: | Receiving financial institution | Contract number | |
| <input type="checkbox"/> Direct debit or standing order | | | |
| Name and place of bank | IBAN | | |

Social insurance data

| | | |
|---|--|--|
| <input type="checkbox"/> Statutory health insurance Name and city of insurance _____ <i>(Enclose membership certificate of health insurance)</i> | <input type="checkbox"/> Voluntary health insurance If it is a statutory health insurance (gross earnings over 64,350.00 € annually or 5,362.50 € monthly) Name and city of insurance _____ <i>(Enclose membership certificate of health insurance)</i> <input type="checkbox"/> The employer does not pay the total contribution to the health insurance | <input type="checkbox"/> Private health insurance Monthly fee as certified § 257 SGB V Total fee of health insurance _____ € Total fee of nursing insurance _____ € From wage tax deductible amount, as certified § 10 Abs. 1 Nr. 3 EStG Deductible amount of health insurance _____ € Deductible amount of nursing insurance _____ € <i>Please enclose certificates issued by private insurance. On the far left please also state the last statutory health insurance because the pension- and unemployment insurance contributions must be paid to accordingly.</i> |
| Social security number (12 digits): | | Nationality: |
| <input type="checkbox"/> Pension contributions will go to a specific professional pension plan The employee transfers the total amount by himself <i>(Add a certificate of pension plan membership)</i> | | |
| Does the employee have children? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(To avoid the calculation of a nursing insurance surcharge, please attach at least one birth certificate)</i> | | |
| <input type="checkbox"/> Education/Graduation type <input type="checkbox"/> Did not graduate (1) <input type="checkbox"/> Graduated Volks-/Hauptschule (2) <input type="checkbox"/> Graduated as Mittlere Reife or equivalent (3) <input type="checkbox"/> Graduated Abitur/Fachabitur (4) <input type="checkbox"/> Unknown graduation (9) | <input type="checkbox"/> Education/Graduation type <input type="checkbox"/> No vocational training/secondary or advance degree (1) <input type="checkbox"/> Vocational training/secondary or advance degree (2) <input type="checkbox"/> Master, technician or equivalent technical diploma (3) <input type="checkbox"/> Bachelor (4) <input type="checkbox"/> Diplom/Magister/Master/Staatsexamen (5) <input type="checkbox"/> Promotion (6) <input type="checkbox"/> Unknown graduation (9) | |
| Temporary employment <input type="checkbox"/> No (1) <input type="checkbox"/> Yes (2) | Type of employment <input type="checkbox"/> Full time, permanent (1) <input type="checkbox"/> Full Time, fixed-term employment (3) <input type="checkbox"/> Part time, permanent (2) <input type="checkbox"/> Part time, fixed-term employment (4) | |
| <input type="checkbox"/> employed pensioners Type of pension: | | |
| <input type="checkbox"/> Employee with severe disability <i>(Add a copy of severe disability certificate)</i> | | |
| <input type="checkbox"/> Constructor payroll ZVK - employee number: <i>(Add a holiday certificate from previous employer)</i> | | |

Salary (please remember the statutory minimum wage of 9.50€ or the specific minimum wage for your industry)

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|--|---|---------------------|--|
| Salary | Hourly wage | Additional pay | Is the annual income higher than 64,350.00 Euro? |
| Euro | Euro | Euro | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Apprentice 1st year | Apprentice 2nd year | Apprentice 3rd year | Apprentice 4th year |
| Euro | Euro | Euro | Euro |
| Transportation allowance (private car) | Kilometers residence to workplace (one Way) | Kilometers | Taxation of Transportation allowance <input type="checkbox"/> By employer taxed at a flat rate of 15 % <input type="checkbox"/> By employee by the tax class |
| Euro | Kilometers | Kilometers | Employee's contribution per month |
| Car gross list price | Kilometers residence to workplace (one Way) | Kilometers | Euro |
| Euro | Kilometers | Kilometers | Euro |

Notes

Note: Immediate reports must be requested from Paychex on a separate form.

_____ Place, Date

_____ Signature of Employer