PAYCHEX

Forms – Confirmation of parenthood as defined by the compulsory long-term care insurance

Customer number	Employe	er			
Data of the employee	9				
employee ID Social Security Number					
	Josian	occurry manuac			
Surname		First name			
Information regarding em	ployee's c	hildren			
l baya abildran aya	the eas a	of 25 (no further statements required	1/		
		e of 25 (please enter child's informa			
		nder the age of 25 (please enter chil			
		- "	,		
Children details					
	T		Date of birth		011111111111111111111111111111111111111
Child's first name		Child's surname	MM.DD.YYYY	Sex	Child's tax ID (11 digits)*
* Germany's 11-digit tax nun life. More information pertair	nber is allo iing to the	ocated to every child immediately aft Social Security Number as well as it	er its birth and remains the ts inquiry can be found und	same over the co er:	urse of every citizen's
		n/Steuerlicheldentifikationsnummer/s			
I hereby confirm the correct	ness of th	e information given above.			
Date		Employee's signature			