

**Personal details**

Personnel Number <i>(optional – assigned by Paychex)</i>		Surname + Title		First Name	
<input type="checkbox"/> male	<input type="checkbox"/> single	Date of birth		City and country of birth	
<input type="checkbox"/> female	<input type="checkbox"/> married/partnership	Name at birth			
<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"/> Employee has additional jobs with wages above 450 EUR, then please note it at the end under Notes	<input type="checkbox"/> Apprentice  End of Apprenticeship contract:	<input type="checkbox"/> Non-mandatory pre-studies placement <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)  In addition, fill in P6002	<input type="checkbox"/> Student  Enclose a valid matriculation certificate!	<input type="checkbox"/> Mandatory pre- or post studies placement  Enclose proof of study regulations!
<input type="checkbox"/> Low wage income (450.01 Euro – 1300 Euro) In addition, fill in P6003	Short-term/seasonal employment (3 months or 70 working days per year) In addition, fill P6004	<input type="checkbox"/> Mandatory interim studies placement  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 <input type="checkbox"/> Primary occupation <input type="checkbox"/> Additional occupation		If Minijob <input type="checkbox"/> 2 % Tax paid by employer <input type="checkbox"/> 2 % Tax paid by employee	Chamber contribution <input type="checkbox"/> Bremen <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>
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**Cost Center (we can split the costs up to 10 cost centers. Note the partitioning at the end under "Notes")**

Cost center	Cost object
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**Company pension scheme (please enclose contract documents)**

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

Social insurance data

<input type="checkbox"/> <b>Statutory</b> health insurance  Name and city of insurance  _____  (Enclose membership certificate of health insurance)	<input type="checkbox"/> <b>Voluntary</b> health insurance If it is a statutory health insurance (gross earnings over 62,550.00 € annually or 5,212.50 € monthly)  Name and city of insurance  _____  (Enclose membership certificate of health insurance)  <input type="checkbox"/> The employer does not pay the total contribution to the health insurance	<input type="checkbox"/> <b>Private</b> 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 _____ € 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.
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 ( Add a certificate of pension plan membership)		
Does the employee have children? <input type="checkbox"/> Yes <input type="checkbox"/> No                      (To avoid the calculation of a nursing insurance surcharge, please attach at least one birth certificate)		
<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"/> Employee with severe disability (Add a copy of severe disability certificate)		
<input type="checkbox"/> Constructor payroll                      ZVK - employee number:                      (Add a holiday certificate from previous employer)		

**Salary (please remember the statutory minimum wage of 9.35€ or the specific minimum wage for your industry)**

Salary	Hourly wage	Additional pay	Is the annual income higher than 62,550.00 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