

**Personal details**

Personnel Number <i>(optional – assigned by Paychex)</i>		Surname + Title		First Name	
<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> single <input type="checkbox"/> married/partnership <input type="checkbox"/> divorced	Date of birth	Name at birth	City and country of birth	
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	
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 850 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 – 850 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 60,750.00 € annually or 5,062.50 € 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 8.84€ or the specific minimum wage for your industry)**

Salary	Hourly wage	Additional pay	Is the annual income higher than 60,750.00 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
Car gross list price	Kilometers residence to workplace (one Way)	Kilometers	Employee's contribution per month
Euro			Euro

Notes

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

\_\_\_\_\_ Place, Date

\_\_\_\_\_ Signature of Employer

Please only enter the employee name and the changes

**Which employee is affected?**

Personnel number	Surname	First name
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**Employment**

Date of termination	Employed as	Cost center	Place of establishment
Weekly working hours	Number of working days per week	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	

**Salary**

Salary	Hourly wage	Notes
Euro	Euro	
Additional pay	One-time payment	Name of additional pay/one-time payment
Euro	Euro	

**Status of employment**

<input type="checkbox"/> Mini-Job up to 450 Euro per month (In addition please fill out P6002)	<input type="checkbox"/> Low wage income of 450.01 Euro up to 850 Euro per month (In addition please fill out P6003)
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**Address**

Street	Number	Postal code	City
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**Bank information**

Name and place of bank	IBAN	Alternate account holder
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**Health insurance**

Name of health insurance	Postal code	City
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**Tax information**

Tax-ID (11 digits)	Tax class	confession employee	confession spouse
Child allowance	Allowance monthly	Allowance yearly	Factor

**Private used company car**

Gross list price	Kilometers between place of residence and place of work (one Way)	Monthly own contribution employee
Euro	Kilometers	Euro

**Sick pay and maternity**

Start of sick pay by health insurance	Expected date of birth (Maternity)	Real date of birth (Maternity)
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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)	Monthly total fee	ER contribution	EE contribution
	Euro	Euro	Euro

The change(s) will apply from

\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_  
Date, Signature/Stamp Employee

**ATTENTION, please remember you are required to record your working time and fill out time sheets accordingly!**

**Personal details**

**Form P6000 must also be filled out**

Surname, first name		Date of birth	
Street, Number		Postal code, City	
Name and place of health insurance <input type="checkbox"/> Voluntarily insured <input type="checkbox"/> Statutorily insured.		Social security number <input type="checkbox"/> Family insured <input type="checkbox"/> Private	
Employed as	Start of employment	Date of termination (if terminated)	

**Status at the start of this employment**

- |   |   |
|---|---|
| <input type="checkbox"/> Student __ school class;                         | <input type="checkbox"/> Unemployed   |
| <input type="checkbox"/> My studies are expected to end on _____          | <input type="checkbox"/> Employee on unpaid Leave                                       |
| <input type="checkbox"/> Graduated with intention for vocational training | <input type="checkbox"/> Employee   |
| <input type="checkbox"/> Student, studies expected to end on _____        | <input type="checkbox"/> Pensioner; Type of pension _____                               |
| <input type="checkbox"/> Employed only during the holidays?               | <input type="checkbox"/> Old age pensioner before reaching the statutory retirement age |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                  | <input type="checkbox"/> Old age pensioner after reaching the statutory retirement age  |
| <input type="checkbox"/> Seeking Work / Training                          | <input type="checkbox"/> Employee on parental leave                                     |
| <input type="checkbox"/> Federal voluntary service / Conscripts           | <input type="checkbox"/> Civil Servant  |
| <input type="checkbox"/> Other: _____                                     | <input type="checkbox"/> Apprentice   |
|   | <input type="checkbox"/> Self-employed  |

**Information about other employments**

<input type="checkbox"/> The employee has no other employments <input type="checkbox"/> The employee has other employments					
from	to	<input type="checkbox"/> Minijob <input type="checkbox"/> No Minijob	<input type="checkbox"/> With contribution to pension insurance <input type="checkbox"/> Without contribution to pension insurance	Salary Minijob	Employer (optional)
from	to	<input type="checkbox"/> Minijob <input type="checkbox"/> No Minijob	<input type="checkbox"/> With contribution to pension insurance <input type="checkbox"/> Without contribution to pension insurance	Salary Minijob	Employer (optional)

**Exemption from the pension insurance**

No, I do not want to be exempted from pension insurance. The employer deducts the employee's contribution to the pension system from the salary and forwards them to the mini-job-center.

Yes, I hereby apply for exemption from mandatory enrollment in the pension system as part of my Minijob and thus renounce the accrual of time in the pension insurance. I have read and understand the "Leaflet regarding the possible consequences of an exemption from the mandatory pension insurance".

I am aware that application for exemption applies to all active concurrent Minijobs and is binding for the duration of my employment; it is not possible to revert this decision. I agree to inform all other employers where I work as a Minijobber about this request for exemption.

I declare that the above mentioned information is true and correct. I agree to inform my employer immediately about any changes, especially of additional activities.

\_\_\_\_\_

Place, Date

\_\_\_\_\_

Signature employee

Personal details

P6000 must also be filled out

Surname, First name		Date of birth	
Street, Number		Postal code, City	
Name and place of health insurance		Social security number	
Employed as	Start of employment	Date of termination (if terminated)	

Information about other employments

<input type="checkbox"/> The employee has no other employments <input type="checkbox"/> The employee has other employments				
from	to	<input type="checkbox"/> Primary occupation <input type="checkbox"/> Additional occupation	Monthly gross salary	Employer
			Euro	
from	to	<input type="checkbox"/> Primary occupation <input type="checkbox"/> Additional occupation	Monthly gross salary	Employer
			Euro	

Declaration of renunciation of the reduction of employee contribution to the pension insurance

- I want, contrary to the low-paid-regulation, my pension contributions to be fully deducted.
- I want, according to low-paid-regulation, my pension contributions to be deducted in reduced height. I was informed by my employer that the employee social security contributions from my salary (between 450.01 € and 850.00 €) would reduce in accordance with the rules for the low-paid-regulation. Possibly this will reduce my future pension entitlements.

Signature employee

_____ Place, Date	_____ Signature employee
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Signature employer

_____ Place, Date	_____ Signature employer
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Employer

I have received the application for exemption on ____/____/_____. The exemption becomes effective starting on ____/____/_____.	
_____ Place, Date	_____ Signature employer

