

Declaration on children

**Landesamt für Finanzen (State Finance
Office) responsible office**

**Employee payroll office
Working group**

The Federal Employment Agency's family benefits office (*Familienkasse der Bundesagentur für Arbeit*) is responsible for paying you child benefit (*Kindergeld*). Please address all requests for and questions about child benefit exclusively to the family benefits office.

Your employer requires the details on children included in this form for the correct assessment of remuneration components and social security contributions that are based on children or child benefit claims. Once you have informed your employer of a given child, data on child benefit for this child is exchanged with the family benefits office, so that you do not need to inform your employer or the *Landesamt für Finanzen* of any changes to benefit claims for that child. Please also pay attention to the notes at the end of this form.

Employee details

Surname	Given name	Date of birth
Address (street, house number, post code, town/city)		
Personnel number/reference number (see your <i>Bezügemitteilung</i> (payslip))		

Details of children (please submit a copy of their birth certificate(s))

Surname (if different)	Given name	born on	Legal relationship (child)

Please note: If you have more than six children, please use a second form for the remaining children.

Details of child benefit recipient

Child(ren)'s name(s) (given name and surname)		Child benefit number (Kindergeldnummer)
Surname, given name (of the recipient of child benefit)	Date of birth	Legal relationship (child)
Name of family benefits office responsible	Address of family benefits office	

Child(ren)'s name(s) (given name and surname)		Child benefit number (Kindergeldnummer)
Surname, given name (of the recipient of child benefit)	Date of birth	Legal relationship (child)
Name of family benefits office responsible	Address of family benefits office	

Please note: If there are more than two recipients of child benefit, please complete another form for the remaining recipients.

I confirm that the information given is correct. I commit to informing the **Landesamt für Finanzen** of any of the following changes immediately:

- Change in recipient of child benefit for at least one child
- New children (newly born babies or children joining the family) must be registered with the **Landesamt für Finanzen** using this form, to enable correct payments.

I hereby consent to the **Landesamt für Finanzen** (state finance office) and the family benefits office (**Familienkasse**) exchanging data on child benefit claims for the purpose of correctly assessing the remuneration components that I am eligible for.

Information on data protection

Information on data processing and rights concerning data processing is available online at www.lff.bayern.de/ds-info or alternatively from our data protection hotline 0931 4504-6770. [Translators' note: This website and the documents that can be found there are only available in German. Your personnel department or welcome centre may have an English version.]

Date	Signature

Notes:

The **Landesamt für Finanzen** does not need to be notified of changes to child benefit claims (ending, restarting etc.), as they are notified of these by the family benefits office responsible.

It is therefore only necessary to inform the **Landesamt für Finanzen** of any given child(ren) once using this form.

The **Landesamt für Finanzen** does need to be informed immediately of changes of the recipient of child benefit, so that the information on the child benefit claims for the time after the change can be exchanged. If we are not notified, payment of the remuneration components that are based on existing child benefit claims will be stopped once the change takes effect.