## Personnel data sheet for calculating salary payments

The information in the personnel data sheet is required in order to calculate salary payments correctly. Please fill in the entire form carefully in order to avoid any legal disadvantages.

for employees at		Number of of staff	ffice responsible for	Referen	ce number (if known)
I. Pers	onal details:	(to be com	pleted by emplo	yee)	-
Last name	First name		Birth name (if app	licable)	Nationality
Date of birth	Place of bir	th	Country of birth <sup>1</sup>		Marital status
Zip code, town/city			Street, number		
Office phone number	(optional)		Private phone nur	nber (opti	onal)
Bank details:					
IBAN DE	Bank details in <b>Germa</b> r	າy always 22 diຸ	gits, other countries 15 t	o max. 34	digits
BIC					
Bank		_			

## Children

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 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.

I confirm that the information given about children on this form 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 form A710 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.

<sup>1&#</sup>x27;Country of birth' only has to be filled in when employees who have not yet been allocated a German social security number commence a position subject to statutory insurance contributions for the **first time**.

### 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. The Landesamt für Finanzen must be informed immediately of changes of the recipient of child benefit using form A710, so that the information on the child benefit claims for the time after the change can be amended. If the Landesamt für Finanzen is not notified, payment of the remuneration components that are based on existing child benefit claims will be stopped once the change takes effect.

Details of children (pleas	e submit a <b>copy of the</b>	eir birth certificat	e(s))
Last name (if different)	First name	Date of birth	Legal relationship (child) <sup>1</sup>

Please note: If you have more than six children, please use form A710 for the remaining children.

Details of child benefit recipie	nt		
Child(ren)'s name(s) (first name and last name)			Child benefit number (Kindergeldnummer)
Last name, first name (of the recipient of child benefit)	Date of birth	Legal relation	onship (child)
Name of family benefits office responsible	Address of family	benefits office	1

Child(ren)'s name(s) (first name and last name)			Child benefit number (Kindergeldnummer)
Last name, first name (of the recipient of child benefit)	Date of birth	Legal relati	onship (child)
Name of family benefits office responsible	Address of family	benefits offic	е

Please note: If there are more than two recipients of child benefit, please complete form A710 for the remaining recipients.

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<sup>&</sup>lt;sup>1</sup> Please enter as appropriate from the following list: Child is first-degree relation / Child of spouse / Foster child / Sibling of previously registered child(ren) / Child of civil life partner / Child of former partner / Grandchild

mployed f	rom	as		Pay	grade	
f it is know	uthority / department on, the VIVA number or n ee is employed may also		sub-area in whi		ber of pla	ce of employment
The con	traat is narmanant		☐ The cont	raat ia tama	orom.	
	tract is permanent on to specific leve	اد	☐ The con	ract is tempo	orary	
	(2) sentences 2 to 4 TV		ecorded with re	spect to Sec	ction 16 (2	2)
Yes (see	e additional sheet)					
] No						
Facto	ors determining pa	y grade (remune	ration table ac	cording to	TV-L)	
art	Section sub-costion	Doy gro	do	Coop group		Special
an	Section, sub-section	Pay gra	ue	Case group		regulations for pa
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		-	4 -
Pa	art III: Pe	eriods of emplo	yment in public service
	(To be comple		nsible for staff for the duration of employment Section 34 (3) TV-L)
from	until	as	Employer
Note:			
	eave pursuant to Sec	tion 28 TV-L is not taken	into consideration, unless the employer has provided written
confirmat	ion that the leave wa	s justified on the basis of	official business.
	- 4 11/4 - 0 -		
P	art IV: So	ociai insurance	and occupational pension scheme
	(to be compl	eted by employee)	
	(to be compi	eted by employee)	
Social s	ecurity number acc	ording to social secu	Irity card (please enter country of birth if you do not have a social
security n			,
		Ш	
1.	Health insurance		
			ealth insurance coverage and access to electronic certificates
		rbeitsbescheinigungen))	and insurance coverage and access to electronic certificates
a)		health insurance.	no yes, with the following
	status:		
	Obligatory m		untary membership
	□ based on a n	nain	initiary mornisoronip
	employment	atutory health insurance a	nd have the following insurance status:
	☐ No health in		Private health insurance
	ivallie aliu audie	ss of statutory of private	health insurance provider:
	(Please note: If v	you are oblided to have st	atutory health insurance, you need to select an insurance
			will be exerted by your employer in accordance with Section
		ook of the German Social	
b)	☐ I am not in a	ny other employment	
	☐ I am also en	nployed as follows:	
	Employer, office	, place of employment	Address (street, zip code, town/city)
2.	Panaian incuran		
٤.	Pension insuran		ko ototutom, popojon ingurance santuitustisma
		<u> </u>	ke statutory pension insurance contributions
			ation to make statutory pension insurance contributions on the pension scheme if a notice of exemption for this new
			Deutsche Rentenversichering (state pension provider) and th
	is submitted to the	ne payroll office (Bezüges	telle).
	In addition, valid	confirmation of insurance	e in the occupational pension scheme has to be submitted.
		ation of exemption is atta	ched I will provide

(If this option was selected: the payroll office will only send me the additional form 'Einwilligung zur Übermittlung und Verwendung von Daten zum Zwecke der steuerlichen Förderung der privaten Altersvorsorge' WordSB Z600 (data collection form and consent form for data transmission and processing concerning data for the purpose of granting tax advantages for private pension schemes) if I am exempt from the obligation to make statutory pension insurance contributions)

☐ Confirmation of insurance in an occupational pension scheme is attached I will ☐ provide confirmation of insurance in an occupational pension scheme at a later

☐ I have one or more contracts for a Riester-Rente pension scheme

lacksquare confirmation of exemption at a later date

Private pension scheme (e.g. 'Riester-Rente')

3.	Benefits or tem	porary financial	support		
		titled to benefits fin the armed force			ial support for having served
	☐ I am entitle	ed to the following	benefits	· · · · · · · · · · · · · · · · · · ·	
	Type of benefit	S		Body responsible for de	termining pension / benefits
				, ,	31
4.	Pension from s	tatutory pensior	n insurance		
	I	eive / have not ap		ate pension	
	☐ I receive / I	have applied for t	he following	pension:	
	Entitlement		Pension ins	surance provider	Pension number
5.	1	upplementary p			
a)	Pension Fu	nd (Versorgungs	anstalt des B	undes und der Länder, VI	al and State Government BL)
		have applied for t	he following	pension:	
	Entitlement		Insurance p	provider	Pension number
b)	Membershin i	n a sunnlamenta	ry pension	insurance scheme	
.,	=	= =			It des Bundes und der Länder,
	VBL) or supple	mentary pension	insurance so	heme for Bavarian munic	
			•	emeinden (ZVK))	
		-	• •	entary pension insurance	
		_		lowing supplementary pe	
	from	until	provider	tary pension insurance	Insurance number
			p.oao.		
6.	Are vou a parer	nt or quardian?	L (additional co	entributions for those who	do not have children pursuant to
Section 55			(444.1101141.00		ao not navo ormanon parodam to
	yes (please	provide proof) *)			
	no no The follo				
	,	owing may be use			
		ogical and adoptive certificate, internat		ficate	
		ficate of descent (A	_		
		erpt from the registry erpt from the family		er of births	
				escheinigung) from the regis	tration office
	<ul> <li>Certi</li> </ul>	ficate of recognition			
	-	otion certificate	nofit (Kindorgo	14)	
		irmation of child be statement showing			
	<ul> <li>Conf</li> </ul>	irmation of parenta	l allowance (Er	ziehungsgeld)	
		irmation of receipt of	-		it Act (Bundocarrichusacaddacach)
		т от taкing parental return (showing chil		y to the rederal Child Benet	it Act (Bundeserziehungsgeldgesetz)
		l's death certificate	,		
		irmation of entitlem g for children	ent from a pen	sion insurance provider show	wing consideration of periods spent
	Callii	y for Gillaten			

## For step-parents

- Marriage certificate or civil partnership certificate and confirmation of registration with the registration office or another authority responsible for recording marital status showing that the child is or was registered as living in the same household as the step-father or step-mother
- Confirmation of entitlement from a pension insurance provider showing consideration of periods spent caring for children
- Tax return (showing child tax credit)
- Income tax card (showing child tax credit)

- Confirmation of registration with the registration office or another authority responsible for recording marital status and proof from the youth welfare office of full-time fostering according to Section 27 in connection with Section 33 SGB VIII
- Confirmation of entitlement from a pension insurance provider showing consideration of periods spent caring for children
- Tax return (showing child tax credit)

# Information on employment and training

7. case of your ap	<b>Position</b> (exact name of position according to the directory of the apprenticeships, internships, placements etc., please state the position prenticeship or internship)	
		Кеу
		Key will be entered by payroll office
8.	Highest school leaving qualifications	
	1 No qualifications	
	2 Basic school leaving certificate (Haupt-/Volkschulabschlu	uss)
	3 Mittlere Reife or similar	
	4 Abitur / Fachabitur	
	9 Unknown	
9.	Highest vocational training	
J.	1 No vocational training	
	2 Completed recognized vocational training	
	3 Qualified as a Meister or technician, or equivalent qualific	cations from a vocational college
	4 Bachelor's degree	
	5 Diplom/Magister/Master's degree/state examination	
	6 Doctoral degree	
	9 Unknown	
10.	Type of contract	
	1 Full-time, permanent	
	2 Part-time, permanent	
	3 Full-time, temporary	
	4 Part-time, temporary	

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# Part V. Deduction of income tax (must be completed!) (to be completed by employee) Information required for income tax purposes (Lohnsteuerabzugsmerkmale) has been managed using an electronic procedure (ELStAM) ever since this procedure was introduced to replace the income tax card (Lohnsteuerkarte) on January 1, 2013. Information required for income tax purposes is retrieved automatically from the tax office.

Please	provide the following information for this purpose:
My tax	ID number (Steueridentifikationsnummer) is:
	This employment is My main form of employment (tax brackets I to V)
	A secondary employment (tax bracket VI)
A tax	allowance pursuant to Section 39a (1) sentence 1 number 7 EStG (Income Tax Act) of euros should be taken into consideration when calculating tax for the
secon	dary employment.2)

# Part VI Declaration on payment method

I am aware that

- the State Finance Office (Landesamt für Finanzen) may reverse any incorrect payments in full or in part up
  until the last bank working day before the date on which payment is due, even if they have already been
  credited to my account
- I may not use the payments until the date on which payment is due
- I am always obliged to pay back any salary overpayments if I am aware that an overpayment has been made without a valid reason.

I hereby give my consent for the payroll office to withdraw any incorrect payments in full or in part (e.g. after dismissal, after being granted unpaid leave, after the period for which sick pay is to be paid has ended) from my account if a reversal is not possible; I may withdraw this consent at any time. I am responsible for the costs incurred if I make unjustified claims for the reversal of debits from my account.

Information on data processing and rights concerning data processing is available online at <a href="www.lff.bayern.de/ds-info">www.lff.bayern.de/ds-info</a> or alternatively from our data protection hotline +49 931 4504-6770. [Translators' note: This website and the documents that can be found there are only available in German. Your personnel department or welcome center may have an English version.]

Employer		Employee	
The above information matches the personnel records and/or is hereby confirmed.		I hereby confirm that the above information is correct.	
Location	Date	Location	Date
Stamp	Signature	Signature	

<sup>&</sup>lt;sup>2</sup> Section 39a Tax allowance and additional amount for income tax purposes (excerpt)

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<sup>(1)</sup> If so requested by an employee liable to pay full income tax contributions, the Tax Office calculates the total amount of tax allowance to be deducted from remuneration based on the total of the following amounts: (...)

<sup>7.</sup> an amount for second or further employment up to a total of the annual taxable income pursuant to Section 39b (2)(5), rounded down to the nearest euro, up to the amount for which the employee is exempt from income tax according to the employee's income tax bracket for the first employment. This is subject to the condition that

a) the annual remuneration from the first employment is less than the amount on which sentence 1 is based and

b) an amount is added to the remuneration for the first employment equivalent to the amount for the second or any further employment (additional amount for income tax purposes).