

Personal-Data

* 1. Surname, First Name _____

* 2. Address _____

* 3. Date of birth _____

* 4. Place of Birth _____

* 5. Nationality _____

* 6. Date joined _____

* 7. Profession/Occupation _____

* 8. Marital status _____

* 9. Number of Children _____

* 10. Family residence _____

* 11. Tax classification _____

* 12. Reiligious affiliation _____

* 13. Bank
Name of bank _____
Bank number _____
Account number _____

* 14. Social security information
Have you applied for German Health Insurance? yes no
Insurance number _____
Health and nursing care insurance _____
Name of insurance company _____
Policy number _____
Private health insurance (name) _____

* 15. Staff capital accumulation yes no
a) Investment institution _____
Contract number _____
Start of contract _____
End of contract _____
b) Bank
Name _____

	Bank number	
	Account number	
	c) Monthly saving amount	€
	d) Employer's Portion	€
16. Other information		
*	a) Weekly working time	Hours
	b) Monthly working time	Hours
	c) Vacation entitlement	Days
	d) Distance (one way) between home and office	km
*	17. Salary and bonus	
	a) Salary, Income (monthly)	€
	- in Germany	€
	- in other countries (please list)	€
		€
		€
	2. Bonus	
	- Summer	€
	- Winter	€
*	18. Taxable fringe benefits	
	a) Rent or lodging allowance paid by employer to employee (incl. extras)	yes no
		€
	b) Costfree use of employer-owned furniture in private living accomodation	yes no
		€
	c) Private usage of company car (encoled copy of invoice - original price in €)	yes no
		€
	d) Use of company car for rides between home and office (one way distance-km)	yes no
		km
	e) Payment of travel expenses by general exceeding the limit prescribed by tax law (enclose a copy of arrangement)	yes no
		yes no
	f) Full or partial payment of private insurance by employer (enclose copy of contract)	full partial
		€
	g) Allowance for the family residing in Germany	€

h) Other payments and/or benefits in kind arising from employment

yes no

€

*** 19. Other benefits**

a) Employer's refund to employee for use of private car

yes no

€

b) Employer's refund for travel between home and office

yes no

€

c) Cost refunds for public transport

yes no

€

d) Other

€

€

€

€

20. Enclosures to be attached

1. Income tax card (original)

yes no

2. Social security book (original)

yes no

3. Copy of staff capital accumulation contract

yes no

4. Copy of private health insurance policy

yes no

5. Copy of employment contract

yes no

(Stamp and signature of employer)

(Signature of employee)

*** minimum informations**