DO NOT SUBMIT ENGLISH VERSION

Personal Data Sheet for determining details relating to salary

The information requested in this personal data sheet is required in order to accurately determine the employee's salary.
Please fill out this sheet carefully and in full to avoid legal consequences.

For employees of

I. Personal data

Last name	First name	Maiden name (if applicable)	Nationality
Date of birth	Place of birth (city, country) [1]		Family status

Place of residence: postal code, city	Street name and house number
Telephone number: home and office (voluntary)	E-mail (voluntary)

Account information

IBAN

BIC	
Name of bank	

Children

The Family Benefits Office (Familienkasse) of the Federal Employment Agency is responsible for paying child benefits to you. Applications and questions regarding the payment of child benefits should therefore be addressed exclusively to the Family Benefits Office (Familienkasse).

The employer needs the information on children for the correct determination of remuneration components or contributions to social insurance, which are based on data on children or entitlement to child benefit. For children once notified, the data on child benefit entitlement is exchanged with the competent family benefits office, so that changes in child benefit entitlement do not have to be notified to the State Office of Finance. Please complete form A710 of the State Office of Finance ("Declaration on children") (https://www.lff.bayern.de/formularcenter/arbeitnehmer/index.aspx) and submit it together with a copy of the birth certificate(s).

II. Documented periods of employment in the public service

(previous employment periods under the terms of § 34 para 3 of *TV-L)*

from	to	as (position)	for (organization, etc.)	

Important note:
This does not include periods of leave under § 28 of *TV-L*, unless the employer submits a written request to the contrary.

1) "Country" of birth should only be entered if you are a non-German from the European Economic Area being employed **for the first time** in a position for which social security is compulsory, and if you have not yet been issued a German social security number.

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III. Compulsory insurance and pension

	Number on Social Security ID (*Sozialversicherungsausweis*) (If you have no number, the country of birth must be entered)
1	**Health insurance**
a)	I am covered by a **statutory** health insurance provider ☐ no ☐ yes – my status is:
	☐ compulsory insurance due to main employment ☐ insured on a voluntary basis ☐ insured together with my family
	I am **not** covered by a statutory health insurance provider and my status is:
	☐ uninsured ☐ private insurance
	Name and address of statutory or private insurance provider: (Please note: If statutory health insurance is compulsory, a health insurance fund must be chosen. If the employee does not indicate this, the employer will exercise the right of choice in accordance with § 175 SGB V).
b)	☐ I am not engaged in secondary employment. I am engaged in the following secondary employment
	Employer, organization, branch / Address (street name and number, postal code, city)
2	**Pension insurance scheme**
	☐ I am exempt from the compulsory insurance scheme
	An exemption due to membership in a professional pension institution is only possible when the German pension insurance has issued an exemption notice for this new employment relationship upon your application and this is presented to the Payroll Office. In addition, a valid membership certificate from the professional pension institution must be presented.
	☐ Current notice of exemption enclosed ☐ Notice of exemption will be submitted later ☐ Membership certificate with pension fund enclosed ☐ Membership certificate with pension institution will be submitted later
	Private old-age provision ("Riester pension") ☐ I have one or more existing Riester contracts (If the box has been ticked: only in the case of exemption from insurance under the statutory pension insurance scheme, the Payroll Office will send me the supplementary form "Consent to the transmission and use of data for the purpose of tax incentives for private old-age provision" WordSB Z600)
3	**Pension and temporary allowances**
	☐ I am not entitled to receive temporary allowances or a pension on the basis of rules or guidelines for military and public sector personnel. ☐ I am entitled to the following
	Type of allowance / Office responsible for determining pension/ allowances
4	**Pension from the pension insurance scheme**
	☐ To date, no pension has been granted or requested in the framework of the compulsory insurance scheme. ☐ The following pension has been requested or granted:
	Type of allowance / Pension provider / Pension number

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5 a)	**Pension from a supplementary provider**		
	☐ No pension from the VBL or any other supplementary pension provider will be requested or granted ☐ The following pension has been requested or granted:		
	Type of allowance	Provider	Pension number

b)	**Supplementary insurance membership**			
	☐ Up to now, I have not been enrolled in any supplementary insurance programme ☐ I have been enrolled in the following programmes			
	from	to	Supplementary insurance provider	Insurance number

6.	**Are you a parent?** (additional contribution for employees without children under the terms of § 55 para 3 of *SGB XI*)
	☐ yes (please provide evidence) ☐ no

IV. Wage taxes and church taxes to be withheld (must be filled in!)

The wage tax card was replaced by an electronic system (ELStAM) effective 01.01.2013. Information concerning wage taxes can now be accessed electronically.

Please provide the following information.
My Tax ID number (*Steueridentifikationsnummer*) is:
My employment for the Free State of Bavaria is my

☐ primary employment

☐ secondary employment

When calculating taxes for the secondary employment, a tax-free allowance under the terms of § 39 a para 1 sentence 1 number 7 of *EStG* in the amount of € is to be included. [2)]

V. Statement concerning payment of salary

I am aware that

- at any time up to my last day of work (or penultimate day of work if the last day falls on a Saturday), the Finance Office is authorized to debit any funds wrongly transferred to me directly from my account
- I will not have access to my salary until the first day of salary payment
- I am required to pay back any overpayment, even if I the legal basis is unknown to me. If salary payments are transferred to me without a legal basis - especially after salary entitlement has ceased (e.g. following dismissal or during a period of unpaid leave) - I hereby permit the Finance Office to debit the amount from my account directly. If I am unwarranted in cancelling a debit, I will remain liable for the costs arising as a result of the cancellation.

For information on the processing of data and your rights in this regard, please visit www.lff.bayern.de/ds-info or alternatively call our data protection telephone number 0931 4504-6770.

I hereby confirm the accuracy of the information I provided	
Place	**Date**
Signature	

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2) § 39a EStG Tax-free allowance and additional amount (excerpt)
(1) 1 At the request of an employer who is subject to income tax, the Finance Office will calculate the tax-free allowance to be subtracted from the salary by adding together the following figures:
(…)
7. An amount for a second or additional employment contract, rounded to the whole euro amount of the taxable amount for the year under the terms of § 39b para 2 sentence 5, up to the amount deemed wage-tax-free according to the employee's tax bracket established on the basis of the first employment contract.
2 The conditions are as follows:
a) the total earnings for the year from the first employment relationship must be less than the decisive initial amount as described in sentence 1 and
b) there must also be an amount contributed on the basis of the first employment contract to match the amount contributed for the second or additional employment contract that is added to the earnings (additional amount).

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