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Please note that the English translation only serves the purpose of providing information on the contents of the corresponding German text. Only the German version of this document is legally binding. Please complete and sign the German version.

Verständnishilfe für LfF-Vorlage XZ704-1 Stand 07/2025

Please cite the reference number (see pay slip).

To the payroll office (payment authorisation office/pension authority)

Landesamt für Finanzen (State Finance Office)

Declaration for location-based and family-related remuneration components (OFZ-Erklärung)

Please complete legibly and select as appropriate. If you do not know the answer, please write “*unbekannt*” (unknown) in the respective space and give the reasons. If the space on this declaration is not sufficient for all the necessary information, please provide this information on a separate sheet.

Please select ☒ or complete as applicable.

1 Personal details

Surname, given name		Date of birth (DD/MM/YYYY)
Place of employment (does not apply to recipients of pensions or benefits classified as <i>Versorgung</i>)		
Civil status If you are completing this form for the first time, or if your civil status has changed, you need to submit appropriate documentation (e.g. marriage certificate/certificate of civil life partnership, divorce certificate, etc.).	<input type="checkbox"/> single <input type="checkbox"/> married <u>and not</u> permanently separated <input type="checkbox"/> married <u>and</u> permanently separated <input type="checkbox"/> in a registered civil life partnership <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> _____	since _____

2 Information on primary residence - pursuant to Section 21 (2) and Section 22 of the *Bundesmeldegesetz* (Federal Registration Act - *BMG*)

The address of my primary residence is

Address (street, house no., postcode, town/city)	Since (exact date necessary)
Note: <u>Upon request</u> by the payroll office, proof must be provided in form of a registration certificate.)	
Section 21 of the Federal Act on Registration (BMG) More than one residence (2) The primary residence shall be the residence used most by the resident. Section 22 of the Federal Act on Registration (BMG) Determination of the primary residence: (1) The primary residence of a resident who is married or in a registered partnership and does not permanently live separately from his or her family or registered partner shall be the residence used most by the family or registered partner. (2) The primary residence of a minor resident shall be the residence used most by the persons entitled to care and custody of the minor; if they live separately, the primary residence shall be the residence of the person entitled to care and custody which is used most by the minor resident. (3) In case of doubt, the residence used most shall be the one where the resident's personal relationships are centred. (4) If the residence status of a resident who is married or in a registered partnership pursuant to Subsections 1 and 3 cannot be established without doubt, then the primary residence shall be the residence pursuant to Section 21 (2). (5) At the request of a resident living in a facility for persons with disabilities, the residence pursuant to Subsection 2 shall remain their primary residence until they have reached the age of 25.	

3 Information on children entitled to child benefit (e.g. biological children, foster children, grandchildren)

For children being registered with the payroll office for the first time, **copies of the birth certificates of the children must be submitted.**

In case of **several** persons entitled to child benefit or more than 4 children, please use a separate sheet for every person/ every child.

3.1	Do you have children? <input type="checkbox"/> Yes (Please fill Number 3.2 to 3.4 out <u>completely</u> . <input type="checkbox"/> No (continue with Number 4)			
3.2	Information on the child/ the children			
	Child 1	Child 2	Child 3	Child 4
Surname, given name of the child				
Date of birth of the child				
Legal relationship to child				
part of my household	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no: Reason for alternative accommodation				
3.3	Who receives child benefit or who has applied for child benefit or will apply for this?			
Surname, given name (of the recipient of child benefit) ¹				
Date of birth given name (of the recipient of child benefit)				
Competent family benefits office (address)				
Child benefit number (e.g. xxxFKxxxxxx) (mandatory information) ²				
3.4	Is another person who receives child benefit or who is also generally entitled to child benefit for the above-mentioned child/ children (e.g., spouse/ life partner, other parent, grandparents) ...			
	... a Beamte/ Beamtin (public servant)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	... in an employment relationship and receives remuneration pursuant to a legal regulation stipulating public servant salaries (Besoldungsrecht) ³ (e.g. from a religious community, a corporation, a foundation, an association, a higher education institution, school or similar)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	... or do they receive "Versorgung" (pensions or benefits) pursuant to legal regulations concerning Beamte (public servants)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

¹ The recipient of child benefit is in general the person who receives child benefit.

² You can find the child benefit number on the approval notice of the child benefit office of the Federal Employment Agency or on every account statement listing child benefit transfers.

³ The legal regulations stipulating public servant salaries and *Versorgung* (pensions and benefits) include the relevant laws federal laws as well as laws of the individual federal states. This includes, for example, the *Bundesbesoldungsgesetz* (federal public servants' remuneration act – *BbesG*), *Beamtenversorgungsgesetz* (federal act governing pensions and benefits for *Beamte* (public servants) – *BeamtVG*), *Soldatenversorgungsgesetz* (federal act governing pensions and benefits for soldiers – *SVG*) at the federal level and corresponding legislation for state and local government employees at the respective state level, such as the *Bayerisches Besoldungsgesetz* (Bavarian public servants remuneration act – *BayBesG*).

	Child 1	Child 2	Child 3	Child 4
Surname, given name of the other person				
Name and address of the authority responsible for paying the other person's salary				
Reference number				

4 Information on entitled persons who have taken in another person into their residence for following reasons.

4.1	<p>I have taken a relative pursuant to Section 20 (5) of <i>Bayerisches Verfahrensverwaltungsgesetz</i> (Bavarian administrative procedures act – <i>BayVwVfG</i>) with a care level of at least 2 into <u>my residence</u> not only temporarily, since _____.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (Please submit the additional completed “<i>P-Erklärung</i>” (form for residence and family allowance for taking someone into your household for long-term care)! [No.X_Z702-1]⁴)</p>
4.2	<p>For health reasons, I have needed assistance from another person whom I have taken into <u>my residence</u> not only temporarily. since _____.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes. (Please submit the additional completed “<i>P-Erklärung</i>” (form for residence and family allowance for taking someone into your household for long-term care)! [No.X_Z702-1]⁴)</p>

5 Vested rights allowance

<p>Do you receive a vested rights allowance⁵ as part of the residence and family allowance, starting 1 April, 2023?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>If yes:</p>	
<p><input type="checkbox"/> I am married (Please submit the additional completed “<i>E-Erklärung</i>” (form for allowances related to marriage/ partnership) [No.X_Z703]⁴ .</p>	
<p><input type="checkbox"/> I am not married, or my marriage or civil partnership under the Civil Partnership Act (LPartG) has been dissolved by divorce, annulment or declaration of nullity. Please submit the additional completed “<i>FL-Erklärung</i>” (declaration for family allowance) [No.X_Z705]⁴ .</p>	
<p><input type="checkbox"/> I am widowed.</p>	
<p><input type="checkbox"/> I have received Level 1 of the family allowance before 1 April 2023 due to another person (e.g. a child) moving into my home. Please submit the additional completed “<i>F-Erklärung</i>” (form for level 1 family allowance)“ [No. X_Z706-5]⁴.</p>	

I confirm that I have provided all information accurately and completely to the best of my knowledge and belief. Where I did not know the answer, I have written a note to that effect in the respective space. I am aware that

- I must immediately notify my responsible payroll office of any changes in the personal circumstances described above.
- the notification of my primary residence is used to verify the eligibility requirements for the granting of location- and family-related remuneration components and that I must report any change of primary residence immediately.

⁴ You can find the relevant declaration online at www.lff.bayern.de/formulare/formularsuche/besoldung/#besform

⁵ You receive the vested rights allowance if your current remuneration notifications are listed as remuneration “*OFZ-Besitzstand FZ*”, “*OFZ Besitzstand (Vers)*” or “*OFZ Besitzstand BRZ*”.

- for children eligible for child benefit, for whom child benefit is not granted to me but to another person, I cannot receive level 1 or higher of the residence and family allowance if the other person is entitled to a child-related share under a salary or pension law.
- I am obliged to refund any payments that I received incorrectly, due to a lack of or delayed or missing information of changes.

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.

Date (DD.MM.YYYY)

◇ Signature

Telephone no.