



Company:

| Employee name | | | Personnel number | | | | |
|---|-------------------------------|--|---|--|--|--|--|
| | | | | | | | |
| Dieser Personalfragebogen dient zur Vorerfassung von Personaldaten für das DATEV-Lohnabrechnungsprogramm. Zur Wahrung der Aufbewahrungsfrist wird der ausgefüllte Personalfragebogen von dem Arbeitgeber / der lohnabrechnenden Stelle gespeichert. | | | | | | | |
| Personal data | | | | | | | |
| Surname, maiden name as applicable | | Given name | | | | | |
| Street and house number (incl. additional information) | | Post code, city | | | | | |
| Date of birth | | Gender | | | | | |
| Insurance number (as per social secur | ity card) | | | | | | |
| Place, country of birth – only if without insurance number | | Severely disa | Severely disabled Yes No | | | | |
| Nationality | | Employee number, pension fund – construction | | | | | |
| Bank account number (IBAN) | | Sort code/bank ID (BIC) | | | | | |
| Employment | | | | | | | |
| Date employment contract begins First day | | Place of employment | | | | | |
| Description of profession | | Job performed | | | | | |
| Volkschule/Haupt secondary educat | schule (completion of ion) | | _ | | | | |
| Education Abitur (equivalent | t of A levels in UK) | Professional training Yes | | | | | |
| Technical school/ | ☐ Technical school/university | | No | | | | |
| University degree | | | | | | | |
| Holiday entitlement (calendar year) | Weekly/daily working hours | | Employed in construction industry since | | | | |
| Cost centre | Department number | | Person group | | | | |
| Status at beginning of empl | ovment | | | | | | |
| Employee | School pupil | | University applicant | | | | |
| Employee on parental leave | Unqualified | | Military/social service | | | | |
| Unemployed | Self-employed | | | | | | |
| | | | U Other: | | | | |
| | | ient. | | | | | |
| Civil servant Housewife/househusband | Student Social welfare recipi | ent | | | | | |

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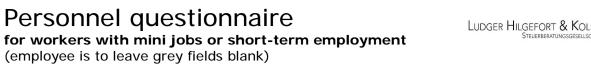




Company:

| Employee name | | | | | Persoi | nnel number | | |
|---|------------------------------|-------------------------------|------------|--|---------------------------------|--------------|--|--|
| Taxes – Information as per income tax card | | | | | | | | |
| Official Municipality/community | | | | Identifica | ation number | | | |
| Tax class/factor | Number of exemption children | | | Denomination 2% flat t | | Yes No | | |
| Social insurance | | • | | | | | | |
| Health insurance State Private | | Name of state/private insurer | | | | | | |
| Accident insurance risk tariff | | | | | DEÜV-status | | | |
| For workers with mini jobs only: option for increasing pension insurance payments (§ 5, para. 2, no. 2 Social Security Code (SGB VI)) Refuse pension-insurance option Exercise pension-insurance option (waive pension-insurance exemption) | | | | | | | | |
| Compensation | | | | | | | | |
| Description | Amount | | Valid from | Hourly wage | | Valid from | | |
| Description | Amount | Amount | | Hourly wage | | Valid from | | |
| Capital-forming benefits (VWL) – only required if contract is at hand | | | | | | | | |
| Recipient | omy require | Amou | | nu . | Employer share (monthly amount) | | | |
| | | Since | | | Contract number | | | |
| Bank account number (IBAN) Sort of | | code/bank ID (BIC) | | | | | | |
| Information on additional employment (for short-term employees also already terminated jobs from this calendar year) | | | | | | | | |
| Time period | Employer | Employer | | Type of work | | Weekly hours | | |
| | | | | Mini job Non-mini job employ Short-term employm | | | | |
| | | | | ☐ Mini job ☐ Non-mini job employment ☐ Short-term employment | | | | |
| Do the monthly wages sum up to more than EUR 538? ☐ ja ☐ nein (Note for employer: verify social security evaluation) | | | | | | | | |

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LUDGER HILGEFORT & KOLLEGEN Steuerberatungsgesellschaft mbH

Company:

| Employee name | | Personnel number |
|--|----------------------|--------------------|
| | | |
| | | |
| Employment documents | | |
| Employment contract | At hand | Included |
| Income tax card/number of days employed at previous employer(s) | No. of days employed | Included |
| Social insurance ID | Presented | Copy included |
| Application for exemption from pension insurance | At hand | ☐ Included |
| Certificate of private health insurance | At hand | ☐ Included |
| Capital-forming benefits (VWL) contract | At hand | Included |
| School/university certificate | At hand | Included |
| Severely disabled ID | Presented | Copy included |
| Pension fund documents construction/painting | At hand | ☐ Included |
| Declaration by the employee: I affirm that the above information is correct. I undertak changes, in particular with regard to further employmen | | |
| Date Employee signature | Date | Employer signature |
| Date For minor signature of legal guardian | | |

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