

Salary Questionnaire (to be sent immediately to the Salary Office)

Finanzamt Dessau-Roßlau
 (Dessau-Roßlau Revenue Office)
 Außenstelle Magdeburg
 Otto-v.-Guericke-Straße 4
 39104 Magdeburg

Ministerium der Finanzen
 (Ministry of Finance)
 Referat 16
 Editharing 40
 39108 Magdeburg

Personal Information

Name, first name, name at birth, date and place of birth		Tax identification number*	
home address, phone No., if applicable		Tax class*	Child allowance*
Employer		<input type="checkbox"/> Main employer	<input type="checkbox"/> Additional employer*
Citizenship		Religious affiliation	
Civil status			since
<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> divorced	<input type="checkbox"/> widowed
<input type="checkbox"/> registered civil partnership			

Information on spouse female)/ spouse (male) (also separated) civil partnership partner - only required for civil servants and recipients of state benefit -

Name, first name, name at birth, date of birth, address			
<input type="checkbox"/> employed	<input type="checkbox"/> not employed	<input type="checkbox"/> full-time employed	<input type="checkbox"/> part-time employed __ hrs./ week
Employer, address, employee's number			

Information on children

Children, you are entitled to receive family allowance for:
 these are children that fulfil the requirement for the receipt of child benefit as per Income Tax Act (EStG) in their relation to you. For children that have achieved the age of 18 will be granted the benefit only when they are in school education or job training.

S.N.	first and last name	Date of birth	Childhood relationship (marital, not marital, stepchild, foster child, grandchild, brother/ sister)

The child No.: _____ does not live in my household, but with: (name, first name, detailed address)

Do you or another person get or have you or another person got for one of the aforementioned children

child benefit as per Income Tax Act? yes no

Name, first name, detailed address of the child benefit recipient

Name and address of the authority granting the children benefit

Child benefit number:

Family allowance, living allowance, social supplement or a similar payment?

yes no

Further personal information

Do you have another employment? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, please enter in addition >>>>		Is this additional employment subject to social insurance? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do you receive any pensions and related benefits? (pension, temporary allowance, widows allowance, orphan's pension or the like) <input type="checkbox"/> no <input type="checkbox"/> yes, verification is enclosed.		NO BAFÖG Name and address of the paying authority:	
Are you a pupil or student? <input type="checkbox"/> no <input type="checkbox"/> yes, verification attached			
Have you registered as unemployed before employment begins? <input type="checkbox"/> no <input type="checkbox"/> yes, please attach a verification, if you have already reached the age of 55 at the beginning of employment.			
Which insurance company do you belong to? (attach membership proof)			
On 31 December 2002, were you released from paying insurance due to exceeding the annual income limit applicable on that day and insured with a private health insurance company?			
		<input type="checkbox"/> yes <input type="checkbox"/> no	
Are you released from paying health insurance, pension insurance, or the surcharge to nursing care insurance?			
health insurance: <input type="checkbox"/> yes <input type="checkbox"/> no		pension Insurance: <input type="checkbox"/> yes <input type="checkbox"/> no	
		Nursing care insurance - childless <input type="checkbox"/> yes <input type="checkbox"/> no	
			my social security number:

<i>Details of bank account (for the transaction of the current wage or salary)</i>		
Account holder (name, first name)		Do not forget the name of the account holder
Account No.	Bank (name and location)	Bank code
IBAN		BIC

Additional maintenance (VBL) Versorgungsanstalt des Bundes und der Länder Karlsruhe

Were you before the start of the employment relationship already compulsorily insured, continuing voluntary insured or non-contributory in the VBL or in another institution of additional maintenance?				
<input type="checkbox"/> No	<input type="checkbox"/> When yes, please indicate the insurance number:	<table border="1"> <tr> <td>Date of birth</td> <td>Serial No.</td> </tr> </table>	Date of birth	Serial No.
Date of birth	Serial No.			

Final statement

<p>a) I assure the accuracy and completeness of the information. I will acquaint the emoluments authority immediately with any change that could affect the payment of my emoluments. I aware that I must repay emoluments overpaid because of omitted, late or faulty announcement.</p>	<p>b) I agree that information will be obtain from schools, educational inst universities, agencies and employers if it is necessary, related to the assessment of my emoluments and the Calculation of employment and service time.</p>
<input type="checkbox"/> Hereby I Confirm that this employment/ apprenticeship/ service relationship is my first employment/ apprenticeship/ service.	
Place, date, signature	

Attachment	accounted for	is already available	follows
Special certification for the income tax (This is available by the tax office, when your Electronic income tax features is bloc			
Request for asset accumulation			
health insurance certificate			
Evidence of another employment relationship			
decision from the supply paying agent			
Evidence of employment agency			
Evidence pupil/student/job applicant			
Evidence of exemption from pension insurance			
Evidence of exemption from health insurance			
Evidence of exemption contribution subsidy of nursing care insurance (Copy of birth certificate Child)			

* The previous income tax card is replaced by the process of income tax deduction characteristics (ELStAM). The details of the previous tax card are provided in a database of financial management for electronic retrieval for the employer. For the new electronic process the employee must inform the tax identification number to his employer, and also whether it is full-time or a part-time employment. Only the main employer is entitled to demand of all the income tax deduction characteristics. For the part-time employers is only a part of the income tax deduction characteristics for retrieval available (Tax Class VI, Religion, possibly allocation of allowances). The tax class you gave will be taken as a basis for the income tax calculation until the first retrieval, if it is a full-time employment. In a part-time employment the payment of tax takes place in accord with tax class VI.

Print form

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