

Bezügefragebogen (Income Questionnaire) (Ist der Bezügestelle umgehend zu übersenden)

Finanzamt Dessau-Roßlau
Bezügestelle
Außenstelle Magdeburg
Otto-von-Guericke-Straße 4
39104 Magdeburg

Note: This English translation is provided for your convenience only. Please fill in the German original which shall be the sole legally binding version/document.

Personal details

Last name, first name, maiden name, date and place of birth		Tax identification number*	
Residential address, telephone if applicable		Tax class*	Child allowance*
Employer		<input type="checkbox"/> Primary employer	<input type="checkbox"/> Secondary employer *
Nationality		Religion	
Marital status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> civil partnership			since

Information on spouse (incl. Divorced) civil partnership

- only relevant for civil servants (Beamte)
and retirement pensioners (Versorgungsempfänger) -

Last name, first name, last name at birth, date of birth, residential address	
<input type="checkbox"/> employed <input type="checkbox"/> not employed <input type="checkbox"/> full-time employment <input type="checkbox"/> part-time employment ___ hours / week	
Employer, employer's address, personnel number	

Information pertaining to children

A family benefit may be claimed for child/children: who are related to you and fulfill the conditions for receiving a child allowance in accordance with the Income Tax Act (EStG). For children over the age of 18, the above-mentioned family benefit will only be granted if child/children are enrolled in school or are in a vocational training program.

#	First name and last name	Date of birth	Relationship to child (legitimate/marital, illegitimate/non-marital, stepchild, foster child, grandson, brother / sister)

Children under #: _____ do NOT reside in my household, but with: (surname, first name, exact residential address)

Do you/another person **receive or have** you/another person received benefits for one or more of the children listed above?

Child benefit according to *Einkommensteuergesetz* (Income Tax Act)? Yes No

Last name, first name, exact residential address of the child benefit recipient

Name and address of agency paying the child benefit Child benefit number

Family allowance (civil servants/Beamte), cost of living allowance (employees/Angestellte), social-welfare allowance or similar benefit? Yes No

Personal details continued

Are you employed elsewhere? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is this additional employment subject to social security contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive pension payments (retirement pension, transitional payments, widow's pension, orphan's pension, etc.) or a military pension? <input type="checkbox"/> No <input type="checkbox"/> Yes, proof is enclosed Name and address of the office making payments:			
Are you a school student or a university student? <input type="checkbox"/> No <input type="checkbox"/> Yes, proof is enclosed			
Were you registered as unemployed before you started work? <input type="checkbox"/> No <input type="checkbox"/> Yes, (Please enclose proof if you had reached the age of 55 when employment started).			
State current health insurance scheme: (membership certificate must be enclosed)		Last statutory health insurance (only for privately insured employees)	
Were you exempt from the mandatory statutory health insurance program as of December 31, 2002 because your annual income had exceeded the threshold stipulating the exemption (Jahresarbeitsentgeltgrenze) and did you enroll in a private health insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you exempt from the mandatory statutory health insurance scheme, retirement pension insurance or the additional contributions to long-term care insurance? Health insurance: Pension insurance: Long-term care insurance			Social security number: (Sozialversicherungsnummer)

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Bank details (for the transfer of current salary)
Account holder (family name, first name)

Bank (name and place)

IBAN:

BIC:

Supplementary pension scheme (VBL) Versorgungsanstalt des Bundes und der Länder Karlsruhe

At the start-of-your employment, were you already registered with VBL / another supplementary pension institution: on a mandatory insurance basis (*Pflichtversicherter*), on an optional continued insurance basis (*Weiterversicherter*) or on a non-contributory insurance basis (*beitragsfrei Versicherter*)?

No Yes If yes, please provide your insurance identification number:

Date of birth	Serial number	PrZ

Closing statement:

<p>a) I sincerely declare that the above information is complete and accurate. I will inform the <i>Bezugestelle</i> (income office) immediately of any changes that could affect the amount of my earnings. I am aware that I will be required to repay any overpayments, which I have received due to omitted, late or incorrect information.</p>	<p>b) I hereby give my consent that information pertaining to me may be obtained from schools, other educational institutions, universities and employers when necessary, in order to determine my income and to calculate periods of employment.</p>
<p>Place, date, signature</p>	

Appendices

	is enclosed	has been submitted	will be submitted
Special certificate for income tax deduction (You can obtain this directly from the tax office/ <i>Finanzamt</i> if the electronic online retrieval of your income tax deduction details/ELStAM is blocked)			
Capital/asset formation application (<i>Vermögensbildungsantrag</i>)			
Verification of health insurance			
Verification of any other employment			
Notification from the government-pension agency (<i>Bescheid der Versorgung zahlenden Stelle</i>)			
Verification from the employment office			
Proof of status as a school student / university student / job seeker			
Verification of exemption from pension insurance			
Verification of exemption from health insurance			
Verification of an exemption from contributing payments to the long-term care insurance (copy of child's/children's birth certificates)			

* The previously used income tax card (*Lohnsteuerkarte*) has been replaced by an electronic online income tax deduction database (*Verfahren der elektronischen Lohnsteuerabzugsmerkmale*) (ELStAM). The details of the previous income tax card are now made available to employers via a tax authority database.

This new electronic procedure requires the employee to provide the employer with his/her **tax identification number** (*steuerliche Identifikationsnummer*) as well as information indicating if the employment in question is the **primary employment (Haupt-)** or a **secondary one (Nebenarbeitsverhältnis)**. Only the primary employer (*Hauptarbeitgeber*) is permitted to retrieve all wage tax deduction information. Secondary employers may only retrieve specified income tax deduction information (tax class VI/*Steuerklasse*; religion; and, if applicable, the distribution of tax allowances/*Aufteilung von Freibeträgen*).

For primary employment, income tax is calculated based on the tax class specified by you (until the first online retrieval of ELStAM). For a part-time employment, income tax is based on tax class VI.