ETL Graalmann Steuerberatungsgesellschaft mbH

Englisch · English

Staff Questionnaire

For payroll registration — Personal data

Employer:
Arbeitgeber

Questionnaire for employee:
Name des Arbeitnehmers

Start date:
Eintrittsdatum

* = Required field

★ Please return the completed form by post or e-mail to the tax office.

1 · Personal details

First name *
Vorname

Last name *
Nachname

Street, house number *
Straße, Hausnummer

Postal code *
PLZ

City (in Germany) *
Wohnort

Date of birth *
Geburtsdatum

Place of birth
Geburtsort

Country of birth *
Geburtsland

Nationality *
Staatsangehörigkeit

Gender * · Geschlecht

- ☐ Male
- ☐ Female
- ☐ Diverse

Marital status * · Familienstand

- ☐ Single
- ☐ Married
- ☐ Registered partnership
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

Passport number *
Reisepassnummer

Passport / ID valid until *
Gültig bis

Are you an EU / EEA citizen? * · EU-Bürger/in?

- ☐ Yes — EU / EEA national
- ☐ No — Third-country national

Type of residence permit *
Art des Aufenthaltstitels

Residence permit valid until *
Aufenthaltstitel gültig bis

2 · Contact & bank details

E-mail address *
E-Mail-Adresse

Phone number
Telefon

Payment method * · Zahlungsweg

- ☐ Bank transfer
- ☐ No bank account

IBAN *
IBAN (bank account for salary)

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3 · Tax information

Tax ID (Steuer-ID) *
Steueridentifikationsnummer
11-digit number — see income tax assessment or ask Finanzamt

Tax class (Steuerklasse) * · Steuerklasse

- ☐ I — Single/divorced/widowed
- ☐ II — Single parent
- ☐ III — Married (higher income)
- ☐ IV — Married (equal income)
- ☐ V — Married (lower income)
- ☐ VI — Second employment
- ☐ Unknown — tax office will query

Child allowance (no. of children) *
Kinderfreibetrag
0 if no children; usually 0.5 per child

Church tax status (Kirchensteuer) *
Konfession / Kirchensteuermerkmal
No church membership (no church tax)

4 · Social insurance

Social security number *
Rentenversicherungsnummer (SV-Nummer)
12 characters — from your German social security card

Health insurance status * · Krankenversicherungsstatus

- ☐ Statutory (compulsory)
- ☐ Statutory (voluntary)
- ☐ Private

Name of health insurer *
Name der Krankenkasse

Monthly health insurance contribution *
Monatlicher KV-Beitrag (AN-Anteil)

Date / Signature of employee
Datum / Unterschrift des Arbeitnehmers

Datum / Unterschrift Arbeitgeber
Für den Arbeitgeber