

Sender: Company

To
HFP Steuerberatungs GmbH
Fax 716-05/32
Att. Ms.

REGISTRATION

Please register the following employee at the Social Insurance Agency:

Has the employee worked for your enterprise within the past 12 months?

YES..... NO..... (Period fromto.....)

Name

Address

Social Insurance Number..... Birthday.....male/female

Citizenship.....

employed as.....

Classification according to the Collective Agreement (KV)

Bank details: Bank.....

IBAN BIC:

Start of Employment

days/hours per week

if part timers: MO.....TUE.....WED.....THU.....FR.....

(white collar) employee /blue collar worker

Related to employer? as

Having shares in the company?..... %.....

Gross salary

Benefit in kind for company car, apartment, or else.....

Only for foreign employees:

work permit: from..... to

Info already sent to Employment Agency (AMS): yes / no

P.S.: Documents enclosed:

- employment contract (Dienstvertrag)
- print-out commuter calculator (Pendlerrechner) or form L 33 for - commuter tax allowance (Pendlerpauschale)
- assessment with tax exemption (Freibetragsbescheid)
- pay slip former employer (Lohnzettel)
- form E 30 - consideration of deductible amount for sole wage earner (Alleinverdienerabsetzbetrag)

Signature: