GTK Wirtschaftsprüfer Steuerberater GmbH
Wirtschaftsprüfungsgesellschaft

# Personal Questionnaire for employees from 603,01€ and apprentices + "Gleitzone"

(Please fill in pages 1 - 5 electronically, if possible!)



| | |
|---|---|
| Employer: | Personal number: |
| Place of work: | Cost Center: |
| **GENERAL INFORMATION** | |
| Name: | Birth name: |
| First name: | |
| Street: | |
| Postcode, City: | |
| Date of birth: | Place of birth: |
| Nationality: | Country of birth: |
| Marital status:<br>☐ unmarried<br>☐ married<br>☐ living permanently separated | |
| Gender: male ☐ female ☐ diverse ☐ indeterminate ☐ | |
| Phone number: | Mobile phone: |
| E-Mail-Address: | |
| Work permit (by foreign employees) at hand: yes ☐ no ☐ | |
| Tax class/factor: Confession: Child allowance: | |
| Identification number: | |
| Name of bank: | |
| IBAN: | |
| BIC: | |
| Type of activity: | |
| Start date: | Leaving date: |

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**Severe disability**

Severe disability: yes ☐ no ☐

Degree of disability: _____%

(Please provide a copy of severe disability certificate)

**INFORMATION ON SOCIAL INSURANCE**

**Health insurance: please tick the box!**

☐ Voluntary insurance
☐ Private insurance
☐ Statutory insurance
☐ Self-payer
☐ Firm as payer

(Please provide your membership certificate)

Name and address of health insurance:

Social security number:

Social security card at hand: yes ☐ no ☐

**Professional pension scheme/ Berufsständiges Versorgungswerk:**

BV-Membership number:
(Please provide your membership certificate)

**Education:**

☐ no school degree
☐ Volks-/Hauptschule
☐ mittlere Reife or similar certificate
☐ Abitur/Fachabitur
☐ Other (please precise) _____

**Professional training:**

☐ No professional training completed
☐ Recognized professional training completed
☐ Master, technician or similar technical degree
☐ Bachelor
☐ Diploma/Magister/Master/Staatsexamen Doctorate
☐ Other (please precise)

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**Relationship to employer**

- ☐ Spouse/partner
- ☐ Offspring (Son/Daughter)
- ☐ Employee is no Spouse/partner or offspring

**PROOF OF PARENTHOOD**

I have children

**YES** ☐

With the following documents I am providing the proof of my parenthood for this/these child/children:

Name of child: _____

Name of further children: _____

_____

**NO** ☐

The proof is provided with the following documents (copies do suffice):

- ☐ Birth certificate
- ☐ Certificate of descent
- ☐ Certified copy of the birth register from the registry office
- ☐ Excerpt from family record book
- ☐ Fiscal life certificate of residents' registration office
- ☐ Confirmation on foster-child relationship by competent authority
- ☐ Adoption certificate
- ☐ Marriage certificate with proof of spouse's child
- ☐ Child allowance notice
- ☐ Child-raising allowance notice
- ☐ Other proof: _____

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## SALARY INFORMATION

Monthly salary: Hourly wage:

Holiday pay: Christmas bonus:

Employment of limited duration?

yes ☐ no ☐

If yes, until _____

Weekly working hours: Distribution of weekly working hours:

_____hours.

| Mo Hrs.: | Tue Hrs.: | Wed. Hrs.: | Thu Hrs.: | Fr Hrs.: | Sa Hrs.: |
|---|---|---|---|---|---|

Is there also a minijob employment relationship in addition to the main employment?

yes ☐ no ☐

Do you have a contract for capital-forming benefits?

yes ☐ no ☐

(please provide a copy of contract)

Is there a contract for occupational pension provision?

yes ☐ no ☐

(please provide a copy of contract)

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| CERTIFICATES (please attach and tick) |
|---|
| ☐ Working contract (copy): |
| ☐ Certificate of income tax deduction (original): |
| ☐ Certificate of studies (copy/original): |
| ☐ Contract capital-forming benefits/Direct insurance/Pension fund (copy): |
| ☐ Membership certificate of health insurance (copy/original): |
| ☐ Certificate of private health insurance (copy/original): |
| ☐ Proof of parenthood (e. g. copy of birth certificate): |
| ☐ Social security card (copy): |
| ☐ Severe disability certificate (copy): |
| ☐ Documents social fund construction/painters: |
| ☐ Work permit (copy): |
| ☐ Other: |

## Declaration of employee:

With my signature, I certify that the above information is true and correct. I undertake to inform my employer of any changes, in particular the commencement of further employment, without being asked to do so and without delay.

Date:_____ Signature employee: _____