

# MASTER DATA SHEET

Please send missing information and documents to: team@adag.tv or adag Payroll Services GmbH, Postfach 61 30 47, 10491 Berlin



Phone: +49(0)30 695.798.61  
Fax: +49(0)30695.798.98

**PAYROLL ACCOUNTING:**  
On behalf of and for the account of the aforementioned employer

Employee  
(please fill out in block capitals)

This line of occupation is my

- main occupation
- additional occupation

.....  
Employer  
.....  
Project  
.....  
Employed by the employer as

\_\_\_\_\_  
Surname First Name Birth Name  
\_\_\_\_\_  
Date of Birth Place of Birth Country of Birth  
\_\_\_\_\_  
Full Address (street name & number) Postcode Town / City

I hereby declare that I am permanently resident at the aforementioned address and I support my own household.

**Information for Non-EU citizens:**  
I hereby declare that I have a valid work permit and undertake to submit a copy thereof. I understand that if I do not do so, then my fee cannot be processed and paid.

- female
- male

\_\_\_\_\_  
Marital Status Phone (mobile phone number if possible)  
\_\_\_\_\_  
Nationality E-mail (important!)

**ELStAM/PAYE Criteria**  
I am currently earning an income (salary, wage, occupational pension, civil service pension, etc.) which is paid according to my individual ELStAM/PAYE tax deduction criteria.  Yes  No

.....  
Tax Identification Number Social Security Number

.....  
IBAN BIC

- 1 Including this job, have you been employed in one or more short-term positions for more than three months or 70 days in the current calendar year? Short-term employment is any temporary employment that is limited to a maximum of three months or 70 working days over the course of the calendar year.  Yes  No, number of days \_\_\_\_\_
- 2 Including your earnings from this employment contract, does your income from short-term employment exceed 520 Euro gross this month?  Yes  No
- 3 Are you aware at this time of any other earnings from other short-term employment by which your income will exceed 520 Euro gross this month?  Yes  No

.....  
Name of health insurance (e.g., AOK location? Which BKK?) + Name of last statutory health insurance if privately health insured (also applies to members of PBeaK [postal employee insurance]/Freie Heilfürsorge [employer's health care for high risk occupations, emergency services, military, etc.])  
 Statutory health insurance (compulsory)  Statutory health insurance (voluntary; please provide proof of insurance status)  
 Non-German health insurance  Private health insurance (please provide proof of insurance status)  
**If compulsorily insured: I am entitled to sick pay even when employed for less than 10 weeks.**  
 No  Yes (please provide proof thereof)

- Child | Learner (up to 15 years old)  Mini-job  Employee | Trainee  Civil servant Retired civil servant  Housewife House husband
- Name and address of company \_\_\_\_\_
- School leaver  Unemployed  Employee on parental leave  Employee on unpaid leave

**Proof of status required, e.g., confirmation of enrolment, certification of registration, proof of voluntary insurance and/or KSK (self-employed, freelancer).**  
 Student (16 years and above)  University applicant  Undergraduate  Self-employed  Freelancer  Pensioner  
 "Unständig beschäftigt"  Other (please specify) \_\_\_\_\_

- A Are you a registered job seeker/applying for training/registered as unemployed at the Bundesagentur für Arbeit?  Yes  No
- B Have you been employed in positions subject to social security contributions for more than three months in the current calendar year?  Yes  No, in which period? \_\_\_\_\_
- C Have you been a registered job seeker/applying for training/registered as unemployed at the Bundesagentur für Arbeit for more than three months in the current calendar year?  Yes  No, in which period? \_\_\_\_\_

## - ONLY TO BE COMPLETED BY THE EMPLOYER -

Duration of employment: ..... to ..... **Gross wage:** ..... €  
Number of working days: .....  
Daily working time (from - to): .....  Fixed rate  Daily rate  
Breaks within above mentioned working time (duration): .....

**Employee identity check:**  
 ID Card  Passport  Non-EU citizen (has presented passport with VALID work permit)  **Employer's signature**

I hereby affirm that my aforementioned details are complete, and true and accurate. I hereby affirm that I shall inform adag Payroll Services GmbH of any changes without delay.

--- On behalf of and for the account of ---  
**STAMP & SIGNATURE**  
--- EMPLOYER ---

\_\_\_\_\_  
Place / Date Signature of employee & legal representative

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STATUS