

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

- 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 _____
- Including your earnings from this employment contract, does your income from short-term employment exceed 520 Euro gross this month? Yes No
- 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