## Master data sheet (S-SB-2301)

## Employee (please use block letters)

## Instructions on completing the form at www.adag.tv

Please ask for translation sheet (www.adag.tv).

Missing information and verifications directly to: synchron@adag.tv



ph.: +49(0)30 695.798.0 fax: +49(0)30 695.798.98

CLEARING CENTRE: In the name and for the account of the employer below.

Name F	rst name	Birth name	Artist name
Date of birth	Birthplace		Country of birth
Street and street number  I hereby declare that I have a permanent residence at the	e above-mentioned place and that I have my ow	Post code vn household.	City
female  Non-EU citizens: I confirm that I have a VALID WORK PERMIT will undertake to submit a		Telephone (mobile p	hone number if possible)
non-binary  Otherwise, clearing and pawill NOT be possible		E-mail address (impo	ortant!)
National insurance number  Children  Yes (please enclose  No verification once)  My regular annual remuneration for 2023 is expected to be:  under € 66,600  over € 66,600	Legal compulsory insurance with KSK (artists' social instance of Voluntary statutory insurance (verification required)  Privately insured (proof re-	surance) Compunce A full-t quired) Preser (private issurance: The general contributions than 10 weeks:	whealth insurer, if applicable  Intary / private insurance, verification is required: Ilsory insurance limit for 2022 (€ 66,600) was exceeded.  It ime self-employed activity was established.  Invation of the status quo 2002 over € 59,850  In health insurance).  In on rate (entitlement to sickness benefit)
Tax identification number		Income tax a alary, wages, company pension, to my individual income tax attr	etc.)
IBAN IBAN		BIC	
The activity as a dubbing actor/artist forms the temporal and economic focus of my gainful activity.	Important! Mandatory information	n:	······
Yes No	Tax office subject to VAT 7%		t subject to VAT epreneur within the meaning of § 19 Value Added Tax Act)
	Employee   trainee  Name and address of the company Unemployed Emp  ment certificate, trade licence, certificate of University applicant Stud		
Student (from 16 years)  Irregularly employed	Other status (which?)		

I certify that the information I have provided above is complete and true. I undertake to notify adag Payroll Services GmbH of any changes without delay. I will pay the taxes for the salary received as income from self-employment.



