

Personal Questionnaire

Incl. Application for Pension Exemption for Minor

Employment (Minijob, earnings up to €556) or Short-Term Employees



CICEK STEUERBERATUNG
FINANCE | TAX | CONSULTING

Company:

Employee Name

Employee Number

Please complete in full; otherwise, billing is not possible.

Personal Information

Last Name Maiden Name (if applicable)	First Name	
Street and House Number incl. additional Address Details	Postal Code, City	
Date of Birth	Gender <input type="checkbox"/> male <input type="checkbox"/> female	
Insurance Number (as per Social Security Card)	Marital Status	Number of Children (Copy of Birth Certificates)
Place of Birth, Country	Severely disabled <input type="checkbox"/> yes <input type="checkbox"/> no	Religion / Affiliation
Nationality	Employee Number Social Fund - Construction	
Account Number (IBAN)	Bank Code / Bank Name (BIC)	

Employment

Date of Employment	Workplace / Cost Center	
Salary	Hourly Wage	
Job Title	Activity performed	
Highest School Qualification <input type="checkbox"/> No School Qualification <input type="checkbox"/> Primary/Basic School Certificate <input type="checkbox"/> Intermediate School Certificate or Equivalent <input type="checkbox"/> High School Diploma / University Entrance Qualification	Highest Professional Qualification <input type="checkbox"/> No Vocational Training Qualification <input type="checkbox"/> Recognized Vocational Training <input type="checkbox"/> Master/Technician/Equivalent Technical School Qualification <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Diploma/Master's/State Examination <input type="checkbox"/> Doctorate	
Fixed-Term Employment <input type="checkbox"/> Yes, until <input type="checkbox"/> No		
Total Weekly Working Hours:	Distribution of weekly work. Hours: Mon. Tue. Wed. Thur. Fri. Sat.	Vacation Entitlement (Calendar Year)

Status at Start of Employment

<input type="checkbox"/> Employee	<input type="checkbox"/> Civil Servant	<input type="checkbox"/> School Leaver	<input type="checkbox"/> Unemployment Benefit / Soc. Assist. Recipient
<input type="checkbox"/> Employee on Parental Leave	<input type="checkbox"/> Housewife	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> University Applicant
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Pupil	<input type="checkbox"/> Student	<input type="checkbox"/> Military / Civil Service
<input type="checkbox"/> Pensioner, Type of Pension:	<input type="checkbox"/> Other:		

Tax

Flat Rate: <input type="checkbox"/> 2% <input type="checkbox"/> 20%	Transfer to Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Company:

Employee Name

Employee Number

Social Security

Health Insurance <input type="checkbox"/> Statutory <input type="checkbox"/> Private	Name of Insurance (Please provide proof for private insurance)
For marginal Employment / Minijob only:	<input type="checkbox"/> Application for exemption from pension insurance was submitted

VWL / Capital-Forming Benefits- only necessary if Contract exists

Recipient of Capital-Forming Benefits	Amount	Employer Contribution (Monthly Amount)
	Effective Date	Contract Number
Account Number (IBAN)	Bank Code / Bank Name (BIC)	

Do you have any additional Employment?

Yes

No

Details of Additional Employment (For Short-Term Employees, please include previous Employments from last Year

Period	Employer	Type of Activity	Weekly Working Hours	Monthly Salary
From:		<input type="checkbox"/> not marginally paid <input type="checkbox"/> Mini job <input type="checkbox"/> Short-Term Employment		
To:				
From:		<input type="checkbox"/> not marginally paid <input type="checkbox"/> Mini job <input type="checkbox"/> Short-Term Employment		
To:				

Electronic Acceptance of Certificates (Bea)

I object to the electronic transmission of employment and secondary income certificates to the Federal Employment Agency

Yes No

Details of Employment Documents (Attach Copies)

Employment Contract	<input type="checkbox"/> Available
Certification of Income Tax Deduction	<input type="checkbox"/> Available
Social Security Card	<input type="checkbox"/> Available
Membership Certificate Health Insurance	<input type="checkbox"/> Available
Private Health Certificate Insurance	<input type="checkbox"/> Available
Capital-Forming Benefits Contract	<input type="checkbox"/> Available
Proof of Parent Status	<input type="checkbox"/> Available
Contract for Company Pension Scheme	<input type="checkbox"/> Available
Severely Disabled ID Card	<input type="checkbox"/> Available
Documents for Social Fund Construction/Painter	<input type="checkbox"/> Available

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Company:

Employee Name

Employee Number

Application for Exemption from Pension Insurance Obligation for Marginal Employment in Accordance with Section 6 (1b) of the Sixth Book of the Social Code (SGB VI)

I hereby apply for exemption from compulsory pension insurance in the context of my marginal employment and waive the accrual of mandatory contribution periods.

Note for the Employee:

Information about possible consequences of exemption from compulsory pension insurance can be found in the Minijob Center information sheet at www.minijob-zentrale.de

I am aware that the exemption application applies to all marginally paid employment held simultaneously and is binding for the duration of the employment; it cannot be withdrawn. I undertake to inform all other employers with whom I hold marginal employment about this exemption application.

Location

Date Employee's Signature

Signature of Legal Guardian
(for minors)

For Employer Use Only:

The exemption application was received on: _____

The exemption takes effect from: _____

Location

Date Employer's Signature

Employee Declaration: I confirm that the above information is true and accurate.

I commit to informing my employer promptly of any changes, particularly regarding additional employment (in terms of type, duration, and remuneration).

Date

Employee's Signature

Date

Signature of Legal Guardian
(for minors)

Date

Employer's Signature