

First name, last name	User no. <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>				Employee no. <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														
Address	Processor no.	Date of birth	Tel. no.																

State Finance Office
 Mecklenburg-Western Pomerania
 Earnings Dept. Schloßstraße 7
 17235 Neustrelitz

Payment

SAMPLE
 Tax details

Tax identification number (ID no.)

Is this employment with your main employer? (yes / no):

Note: If 'no', tax class 6 applies.

I hereby agree to the Finance Office retrieving my PAYE details (ELStAM).

Bank details

Declaration of bank details

Changes to bank details

Valid as of

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Bank / building society:

BIC:

IBAN:

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