

**Case no. / Personnel No.**

- Please include in inquiries -

Schleswig-Holstein  
Dienstleistungszentrum  
PersonalDienstleistungszentrum Personal S-H | Speckenbeker Weg 133 | 24113 Kiel  
BDst. 88051200 Bearb. Nr. 4210

17.01.2020 - 00:14:29

Department remuneration

**- Private -****Case worker**Mustermann, Nicklas  
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24118 Kiel**

\*011824-0-88051200\*

January 2020 [1st of 2020]

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Home address:

**Pay Statement**due to the following change:  
Social security deductions

LA	Type of pay	Amount	Year to date
	Pay rate TV-L Pay level (pay area west) Group XX Grade X Expected date for the next grade increase 01.12.202X Married  Worktime in hrs/wk. 38,700 / 38,700 Health insurance 15027365 - Techniker Krankenkasse - Jurisdiction West and East- Identification number Taxation class Contract starting date: Nationality Social security-No.: XXXXXXXXXXXXXXX / Date of birth: Activity key XXXXXXXX / Pension insurance-childless supplement Person group key XXX / Contribution group key XXXX Supplementary pension Federal and State Government Employees Retirement Fund West (Insurance number: XXXXXXXXXXXXX)		
1000	Base salary (JLLL)		
1036	Retirement plan supplement employer contribution (JLLF)		
<b>BRGS</b>	<b>Total gross wages</b>		
TAKB	Calender days paid	31,00	
TAST	Taxation days	30,00	
TASV	Social security days	30,00	
BRSL	Gross taxes, current earnings		
LSSL	Income tax from monthly earnings		
LSZL	Solidarity tax		
BRRL	Pension insurance gross		
RVLN	Pension insurance [9,30 %]		
BRAL	Unemployment insurance gross		
AVLN	Unemployment insurance [1,20 %]		
BRZV	Supplementary pension gross		
ZVLG	Supplementary - Allocation (Employer contribution [6,45 %])		

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<b>Pay Statement</b> <small>due to the following change: Social security deductions</small>			
LA	Type of pay	Amount	Year to date
ZVHS	Supplementary pension - Tax addition		
ZVHV	Supplementary pension - Social security addition		
NEGS	Legal net wages		
AUKL	Employee contribution paid Health insurance		
AUPL	Employee contribution paid Longterm care insurance		
	Deductions		
ZVLN	Supplemental pension (Employee) [1,81 %]		
<b>AZAU</b>	<b>Amount to be paid out</b> <i>This amount will be wire transfered to the bank account DEXX                      XXXX XXXX XXXX XXXX at _____ bank.</i>		

*This statement of account is also regarded as a certificate and complies with the regulations of § 108 (3) of the German Trade Regulation Act. Please keep it in a safe place!*

*You are obliged to notify the DLZP immediately and without being asked in writing of any changes in your personal and other circumstances that are relevant to the determination and payment of the remuneration. Failure to notify the DLZP, late notification or incorrect notification will result in the recovery of any overpaid remuneration or overpaid child benefit.*

*Type of pay(): 1. Total gross (yes/no), 2. Tax/3. Social security/4. Supplemental pension-gross (L=monthly, E=one time, F=free, P=lump sum)*

Deductions

MF-No.	Rang-	Anlg.	Type of deduction	Gläubiger/Bevollm.	Restfordg.	EUR
			folge monat			
			1 Vermögenswirksame Name			
			Anlage			

Total