

Registration form companies master data

Client no. (internal):

for the first time.

Accounting date:

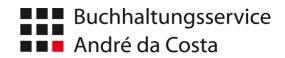
When in the month the settlement is scheduled in the (for the 1st to the 10th and the 25th or any date)

Client captures the (internal):

Client captures through (internal):

	ta. Please fill out all fields (if possible). Upon receipt of
pow, your personal billing expert collects your data in	our billing system.
Name of the company:	
Contact person:	
Industry:	
Legal form:	
Street / house number:	
Postal code, place:	
Federal land:	
Phone number:	Fax number:
email address:	Homepage:
Billing month:	
Please enter here the month, at which are charged	

-Please contact sheet 2-



Registration form companies master data - Sheet 2 -

Professional Association:	BG membership numbe	er: Price point:
Operation number (8 digits)		
(Get the operation number from contracting authority of the local the decision of the Labour Offician the health insurance compa	cal labour office. She can be for the previous post document	
The company bank details		Name of Bank:
(account numbers are maximu	m 10 digits)	Bank code / BIC: Account no.: / IBAN:
Pay-as-you-go (sickness insome the company employs more the to the statutes of the levy fundamental to the statutes.)	nan 20 workers (according	No (complete details)
Should contributions from a pa and U2 on your bank account I with ongoing contributions?		Yes (no assessment obligation, no further details) Reimbursement
U1 Will be paid for employees (parate is set at the beginning of t	-	Clearing Amount of the refund rate: %
will be paid to all workers (mal	le and female).	Yes, height 100%: Transfer Check Direct debit
Payment to the health insuran through:	ce fund is carried out	

Tax Office data	local tax office:
Tax number (refer to the last wage tax declaration)	
The wage tax filing deadline	monthly (normal operation)
	quarterly
	annually
Payment of wage tax is carried out through:	Transfer check Direct debit