



Baden-Württemberg

LANDESAMT FÜR BESOLDUNG UND VERSORGUNG

Vereinfachte Erklärung zur Auszahlung der Bezüge, zur Sozialversicherung, zur Zusatzversorgung und zum Lohnsteuerabzug – *Simplified Declaration for the Payment of Remuneration, Social Security, Supplementary Pension and Wage Tax Deduction*

Please note:

- Please use this form only if you are reemployed immediately after the end of a contract and with no period of interruption or you are reemployed after a brief interruption of less than three months, provided you were not employed during that time and provided there were no changes to the information given in forms LBV 42101, LBV 42101s, LBV 42101z or LBV 42101zt since last filled in. In case of any changes, please resubmit the relevant forms.
- Please take note of the information in no. 2 ("Declaration") in case you have taken up marginal employment with no period of interruption or after an interruption of one day to two months.
- The following information is necessary for the payment of your remuneration. Please visit <https://lbv.landbw.de/das-lbv/kontakt/datenschutz> for information on data protection and the relevant legal provisions on the basis of which your data are collected. All questions must be answered, unless marked as optional.

1 Personal data

Please check or fill in as appropriate

Last name	First name	Date of birth	Personnel number/area of work
Address			

2 Declaration

I hereby declare that there have been no changes to the information I provided

- regarding in the declaration for the payment of remuneration ("Erklärung zur Auszahlung der Bezüge", LBV 42101) regarding my bank details.
- in the declaration regarding social security ("Erklärung zur Sozialversicherung", LBV 42101s).

Please note:

If you wish to continue to be exempt from compulsory statutory pension insurance, you need to resubmit your request with form **LBV 45201** if a marginal job remunerated with up to EUR 520 (as of 1 October 2022) (after a period of **interruption of two months or more**), a short-term job or a job subject to compulsory insurance (in the latter two cases **with or without periods of interruption**) is followed by a new marginal job.

- in the declaration regarding supplementary pension ("Erklärung zur Zusatzversorgung", LBV 42101z).*
- in the declaration regarding supplementary pension for artistic personnel and members of the orchestra ("Erklärung zur Zusatzversorgung für das fest angestellte künstlerische Personal und für Orchestermitglieder (Tarifverträge NV Bühne und TVK)", LBV 42101zt).

LBV 42101v – 10/22

There have been changes to the information in

- the declaration for the payment of remuneration ("Erklärung zur Auszahlung der Bezüge") regarding my bank details.
A new declaration (form LBV 42101) is attached.
- the declaration regarding social security ("Erklärung zur Sozialversicherung").
A new declaration (form LBV 42101s) is attached.
- the declaration regarding supplementary pension ("Erklärung zur Zusatzversorgung").
A new declaration (form LBV 42101z) is attached.*
- the declaration regarding supplementary pension for artistic personnel and members of the orchestra ("Erklärung zur Zusatzversorgung für das fest angestellte künstlerische Personal und für Orchestermitglieder (Tarifverträge NV Bühne und TVK)").
A new declaration (form LBV 42101zt) is attached.

***Please note:**

Student assistants, trainee lawyers, interns or employed pensioners do not have to submit the declaration regarding supplementary pension ("Erklärung zur Zusatzversorgung", **LBV 42101z**).

3 Tax details

My tax identification number: _____

This employment is my

- main employment (employer is my "main employer").
Taxes will be calculated on the basis of your individual tax criteria.
- secondary employment (employer is my "secondary employer").
Taxes will be calculated on the basis of tax bracket 6.

My tax criteria:

Tax bracket: _____ Religion (my own / my spouse's): _____ / _____

Please note:

Your income tax will be calculated **provisionally** on the basis of your tax criteria. The Landesamt will obtain your tax criteria from the Federal Central Tax Office via your tax identification number as soon as possible. These data will then be used to calculate your income tax retroactively.

Declaration

I am aware that the information I have provided in this form may influence the amount I am paid. I confirm that the information provided above is both accurate and complete. I am also aware that I am obliged to notify the Landesamt immediately of any changes to the information declared above and that I will have to pay any social security contributions retroactively if I fail to provide complete information or to report changes.

Date, Signature

**Landesamt für Besoldung und
Versorgung Baden-Württemberg
70730 Fellbach**