

An die Bezügestelle (Anordnungsstelle für
Bezüge/Pensionsbehörde)

Landesamt für Finanzen
Dienststelle

[for internal use only]

Payment and tax details

1	Surname, first name of payment recipient	Reference no. (org. no./pers. no.)	Date of birth
	Address (street, house no., post code, town/city)		
	Department		
2	As of	date	
	my payments should be transferred to the following account:		
	Bank	Bank's full address	
	IBAN	BIC	
3	<p>Information required for tax purposes (Lohnsteuerabzugsmerkmale) will be retrieved electronically from the tax office. Please provide the following information for this purpose:</p> <p>My tax identification number (Steueridentifikationsnummer) is: _____ (please provide written evidence if possible)</p> <p>This employment is <input type="checkbox"/> my main form of employment (tax brackets I to V) <input type="checkbox"/> a form of secondary employment (tax bracket VI)</p>		
4	<p>I am aware that</p> <ul style="list-style-type: none"> ▪ the payroll office may reverse any incorrect payments in full or in part up until the date on which payment is due, even if they have already been credited to my account ▪ my payments are not available to me to use until the date on which they are due or, if this date falls on a Saturday, Sunday or public holiday, the last bank working day before this date ▪ I am always obliged to pay back any overpayments if I am aware that an overpayment has been made without a valid reason <p>I hereby give my consent for the payroll office to withdraw any incorrect payments in full or in part (e.g. after dismissal, after being granted unpaid leave, after the period for which sick pay is to be paid has ended) from my account if a reversal is not possible (e.g. for technical reasons); I may withdraw this consent at any time. I am responsible for the costs incurred if I make unjustified claims for the reversal of debits from my account.</p>		
	_____	_____	_____
	Date	Signature of payment recipient	Recipient's telephone no.