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| **Application Form Meulepas & Partners (Staff & Salary)**  **New Employee/Payroll tax** | |
| Send this form together with a valid copy of a passport or identity card (front and back) of the employee to [**salaris@meulepas.nl**](mailto:salaris@meulepas.nl) Unfortunately, without this information, we cannot take care of your employee's payroll administration. Deliver the data on time to avoid delays. | |
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| **To be completed by the employee** | |
| Surname (birth name): | BSN: |
| Insert: | Date of birth: |
| Initial(s): | Bank number (IBAN): |
| First name: | E-mail address: |
| Address: | Telephone number: |
| Postal code: | Sex: |
| Town: | Marital status: |
| Inhabitant of:  (1) The Netherlands  **(**2) Other EU Member State, EEA Country, Switzerland or BES Islands  (3) Third country, i.e. from a country not covered by 1 or 2 | |
| Do you want your employer to include the payroll tax credit? You can only have the payroll tax credit applied by one employer or benefits agency at a time. | **Yes**, from  No, from |
| Did you receive a benefit payment prior to your employment?  For example, WW / WAO / WIA / Wajong benefits | No  **Yes** |
| Are you employed on base of a learning agreement?  (Working/learning) | No  **Yes** |
| Employee's signature: | Date: |
| **To be completed by the employer** | |
| Date in service: | Nationality: |
| Profession / function: | Type of ID: |
| Type of employment:  **Fixed term  Indefinite period  Call** | ID Certificate Number: |
| End date of employment contract: | Place of birth: |
| End of trial period: | Company car:  **No  Yes – License plate:** |
| **Regular employee  Min/max  open-end contract** | Catalog list price: |
| Number of hours per week: | Decision private use of car:  **No  Yes (if yes, please include the decision)** |
| Number of days per week: | Other fees and/or travel costs: € |
| Gross salary per hour: € | Drawing up an employment contract: Meulepas  By our company |
| Gross salary per month / period: € | Employer worked previously (temporary) for this company:  **No  Yes** |
| Function group / CAO scale: | Employer signature: |