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Form No. LNGN15



C05 489749/46018/00005 21.05.2025 Blan: for May 2025 Settlement of gross/net salaries SL-Tg. VJ UA. Gb. Url. Anspr. Url.Tg.gen. IGPobils: Describation Annual plans to 1 birth date Sax Factor 30 00005 220178 1 KK % B PGRS BGRS At SV-Tg. Vacation days Sick days Error. Take Health Indurantu 181 101 1111 1 30 65220178R018 AOK Northeast Vacation hours Sick hours Absence hours We. Std. Entry exit 01,0425 87539263145 Teginder Singh - Tege Restaurant in Delitauch-Sacherngauss 2-04509 Delitauch Notes on billing Povis, No. 000006* Wöch.Arb.Zt. 38,00 18,64 Std.lohn 1 Virender Ratra Lohmühlenstraße 12 16321 Bernau bei Berlun வர்கள்ளவலை Factor 3 Percentage St4 Amount Unit 2 Quantity 3 Wage type name 3.070,00 J L L 2000 salary GST NO:04AGPPA9868P2ZM AIFLC FOREIGN LANGUAGE INSTITUTE AND TRANSLATION Total gross 3.070,00 Tex/Social Security Tex deductions Payroll tax Solidarity, our charge St4 Tax gross 312,75 3.07000 31275 PV costribution SV legal deductions AV-Gross PV gross KV contribution RV-Gross 3991 Z 73.68 676,94 3.07000 27784 28551 3.07000 3.07000 3.07000 Not carnings 2.080,31 Nat income/not deductions Certificate of earnings Designation Antount 6.14000 Total gross 6.14000 SV gross 6.14000 55568 Tax gross 57102 62550 Payroll tax PV complication 7982 AV commission Church tax 14736 Spidarity aurcharga Control (co exercit) Tax-free payments Kug payout P. verst. Zuk.sich. Stovereremander Darlehen Rest Amount received: Payout amount Total cost SV-AG share Additional AG cotts Bank 2.080,31 10592 3.83444 Account 65852 TH = Addition amount 2 Std hours, T days, km Kilometer, St = Unit EUR Eure, thous, Thousand Euro, Nio Millen Euro 3 Not wage/net hourly wage, if applicable 4 L = Current bonefit. S = Other benefit. F = Fran.

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V = provisionycal: W = satisfy areds. 6.J component of the total gross 7 MFB Multiple amployment DATEV

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Form No. LNGNIS

BERLIN CITY SERVICE

Confirmation of the apartment provider

According to 19 para. 3 federal Registeration Act (BMG) to the previous day at the boarding authority

Information about the housing provider or the person commissioned by the housing power

Surname, first name or designation of the legal person

Singh Tejinder		
Street. House no.		
Amanlisweg 10		
Postcode Place		
12695 Berlin		
Information about the owner of the apar Be filled in if he is not the owner of the apar	artment. (only to rtment himself or the property is purchased by the	he owner himself)
Surname, or name of the legal entity		
Jana Hiltscher		
This will confirm a move-in on the following	date	
The move-in refers to the following apartmets Street house no.	ent	
Ritterstr.9		
Additional e.g. apartment number apartment	nt ID	
Postcode		
04509 Delitzsch		
The following person(s) have moved int	o the specified apartment	
Surname	Middle name	
Ratra	Virender	

