

Intake form employer

Name employer:
Address:
Postal code + Place of Res.:
Country:
Contact person:
Telephone number:
Email address:
Dutch bank account number IBAN and BIC:
Description activities employer:
Date payment net salaries:
Registration number wage tax:
Pension premium applicable:
Insurance company for pension, please add information:
Does Salarisbalie need to provide the Insurance company with all relevant information: yes/ no*
Which Collective Labour Agreement do you apply or not applicable?:
Holiday allowance 8% month of payment (mostly May):
Over which period is the holiday allowance being paid (p.e. June1-May 31):
One time only payment (p.e.13th month):
In which month will this/these payment(s) be paid:
Funding base for calculation:
Do you have different regulations in your company in case of illness payment ¹ : yes / no*
If so, which differences are there:
¹ In Holland the first 52 weeks have to be paid 70% of the salary as a minimum. It is permitted to pay 100%. You can also deduct two days payment if the employee is ill. The next 52 weeks the employer can pay 70% of the salary as a maximum.
Are there any subsidized arrangements applicable:
If so, which:Research- and development work / Disabled employee / Education *
Other subsidized arrangements:



wnen	Salarisballe needs to register the company with our tax authorities, please add:					
	□ Description of the activities in your country and the activities in The Netherlands;					
	Copy companies act;					
	Copy statement Chamber of Commerce in your country;					
	Copy register stockholders;					
	VAT-number in The Netherlands, or when not available, in your country;					
	☐ The attached Authorisation.					
When:	Salarisbalie took over the payroll administration from another service provider, we would					
like yo	u to add some documents, so we can arrange a successful start of the payroll. Please					
add the	e following documents:					
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	Copy of pay slips of the last two or three periods;					
	Copy of the last wage tax report;					
	Documentation concerning pension contributions and illness insurance;					
	Copy conditions of employment (if applicable);					
	Copy report last tax survey done by the Dutch tax collectors office;					
	Copy decision sector division and premium Werkhervattingskas from the Tax authorities;					
	Copy conditions of employment for definite time (with date of ending);					
	List of employees with other than Dutch nationality;					
	On which days do the part-time employees work;					
	List of employees with company car and the catalogue value and license plate numbers of the					
	cars;					
	Declaration for 30%-ruling statement no personal use car and likewise					



Authorisation

-	I, the undersigned,			
			(address)	
-	Hereby authorise			
		Salarisbalie E Schepenen 4 NL-3961 LS Wijk bij	12	
-	and in particular to		natters pertaining to Dutch W , handling staff subsidy applic courts.	•
 place	······································		(date)	
 Signa	ature)			
 Name				