PAYROLL SLIP
PAYMENT ORDER - January 2024 DATE :22/01/2024

COMPANY DATA
TIBIEL LTD ΥΠΟΚΑΤΑΣΤΗΜΑ ΑΛΛΟΔΑΠΗΣ
Λ.ΣΥΓΓΡΟΥ 106
11741 ΑΘΗΝΑ
VAT No: 996586622
Tel.: 2109639049 FAX.:

EMPLOYEE DATA
Code : 0002
Full Name : ΚΩΝΣΤΑΝΤΟΠΟΥΛΟΣ ΑΘΑΝΑΣΙΟΣ ΣΤΥΛΙΑΝΟΣ
Address : ΣΕΙΛΙΣΤΡΙΑΣ 32 City:ΑΘΗΝΑ P.C.:
VAT No: 074002143 Tel.: 6981804691
Specialty : ΓΕΝΙΚΟΣ ΔΙΕΥΘΥΝΤΗΣ
Number of Insured : 200040498 Social Security No : 03087404632
IBAN :

CONTRACT BENEFIT ANALYSIS

MINIMUM SALARY   :   780,00

LEGAL SALARY   :   780,00
REGULAR BENEFITS
ΟΙΚΕΙΟΘΕΛΗ ΠΑΡΟΧΗ   8.996,80

TOTAL SALARY   :   9.776,80   TOTAL DAILY SALARY :   391,07   TOTAL HOURLY SALARY :   58,66

PERIOD INCOME ANALYSIS

PAID DAY WORK :25,00   **SICK DAYS : 0,00**   **DAYS OF LEAVE : 0,00**   **DAYS OF INSURANCE : 25**

PAYMENT ORDER   9.776,80

TOTAL INCOME : 9.776,80

DEDUCTIONS ANALYSIS

EMPLOYEE SOCIAL SECURITY FUND : 988,51 EMPLOYER SOCIAL SECURITY FUND.:1.588,59 TOTAL SOCIAL SECURITY FUND:2.577,10

EMPLOYEE SUPPLEMENTARY INSURANCE FUND.:   0,00 EMPLOYER SUPPLEMENTARY INSURANCE FUND: 0,00 TOTAL SUPPLEMENTARY INSURANCE FUND:

STAMP DUTY: 0,00 PAYROLL TAXES :3.288,28 SPECIAL SOLIDARITY CONTRIBUTION :   0,00

COMPENSATION : 0,00   TOTAL SUBSIDIES : 0,00

TOTAL EMPLOYEE DEDUCTIONS : 4.276,79

NET AMOUNT	▬	LOAN	▬	PAYMENT IN ADVANCE	▬	OTHER DEDUCTIONS	=	**PAYMENT AMOUNT**
5.500,01		0,00				0,00		**5.500,01**

STATEMENT OF EMPLOYEE'S RESPONSIBILITY I declare without reservation that during the above salary period 1. I worked the above wages and the corresponding hours mentioned in this settlement note - proof of payment, for regular work, overtime, night work, Sundays or holidays and holidays. 2. With this settlement and proof of payment, I accept that the wages are paid for the above salary period, and I have no other claim or maintain a claim against my employer for this reason.3. This document, a copy of which has been read and signed by me, becomes valid for any use even before any civil, administrative, or criminal court.

EMPLOYER   EMPLOYEE