

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 : 0003  
Full Name : ΚΑΡΑΝΤΖΗΣ ΑΘΑΝΑΣΙΟΣ ΝΙΚΟΛΑΟΣ  
Address : City: P.C.:  
VAT No: 110786236 Tel.:  
Specialty : ΠΡΟΓΡΑΜΜΑΤΙΣΤΗΣ  
Number of Insured : 9713635 Social Security No : 07089100411  
IBAN :

CONTRACT BENEFIT ANALYSIS

MINIMUM SALARY : 780,00

LEGAL SALARY : 780,00

REGULAR BENEFITS

ΟΙΚΕΙΟ.ΠΑΡΟ 2.220,00

TOTAL SALARY : 3.000,00

TOTAL DAILY SALARY : 120,00

TOTAL HOURLY SALARY : 18,00

PERIOD INCOME ANALYSIS

PAID DAY WORK :25,00

SICK DAYS : 0,00

DAYS OF LEAVE : 0,00

DAYS OF INSURANCE : 25

PAYMENT ORDER

3.000,00

TOTAL INCOME : 3.000,00

DEDUCTIONS ANALYSIS

EMPLOYEE SOCIAL SECURITY FUND : 375,99 EMPLOYER SOCIAL SECURITY FUND.: 600,08 TOTAL SOCIAL SECURITY FUND: 976,07

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

STAMP DUTY: 0,00 PAYROLL TAXES : 574,48 SPECIAL SOLIDARITY CONTRIBUTION : 0,00

COMPENSATION : 0,00

TOTAL SUBSIDIES : 0,00

TOTAL EMPLOYEE DEDUCTIONS : 950,47

NET AMOUNT

—

LOAN

—

PAYMENT IN ADVANCE

—

OTHER DEDUCTIONS =

PAYMENT AMOUNT

2.049,53

0,00

0,00

2.049,53

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