PAYROLL SLIP - PAYMENT ORDER - November 2023

DATE:21/11/2023

COMPANY DATA

TIBIEL LTD ΥΠΟΚΑΤΑΣΤΗΜΑ ΑΛΛΟΔΑΠΗΣ

Λ.ΣΥΓΓΡΟΥ 106 11741 AΘHNA 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

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

NET AMOUNT

2.049,53

TOTAL SUBSIDIES: 0.00

TOTAL EMPLOYEE DEDUCTIONS: 950,47

LOAN

0,00

PAYMENT IN ADVANCE

OTHER DEDUCTIONS =

PAYMENT AMOUNT

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.

0.00

EMPLOYER

EMPLOYEE

A Ulm