

## **Salary, insurance and tax payments in Greece**

### **1. Payment AUGUST 2024 to ATHANASIOS KARANTZIS**

- Attached file: A. PAYROLL SLIP -PAYMENT ORDER
- Pay to: **ATHANASIOS KARANTZIS**
- Subject of the payment: **PAYMENT ORDER – JULY 2024 /НАДБАВКА ЗА ПОЧИВКА/**
- IBAN: **GR3702600150000750201223350**
- Amount: **1119,64 EUR**

### **2. Salary payment AUGUST 2024 to ATHANASIOS KARANTZIS**

- Attached file: A. PAYROLL SLIP -PAYMENT ORDER
- Pay to: **ATHANASIOS KARANTZIS**
- Subject of the payment: **PAYMENT ORDER – AUGUST 2024**
- IBAN: **GR3702600150000750201223350**
- Amount: **3000 EUR**

**PAYROLL SLIP**  
**PAYMENT ORDER AUGUST - DATE 09/08/2024**

**EMPLOYEE DATA**

**COMPANY DATA**

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

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 : 830,00

LEGAL SALARY : 830,00

**REGULAR BENEFITS**

ΟΙΚΕΙΟ.ΠΑΡΟ 4.079,22

TOTAL SALARY : 4.909,22

TOTAL DAILY SALARY : 196,37

TOTAL HOURLY SALARY : 29,46

**PERIOD INCOME ANALYSIS**

PAID DAY WORK : 9,50

SICK DAYS : 0,00

DAYS OF LEAVE : 0,00

DAYS OF INSURANCE : 0,00

PAYMENT ORDER 1.865,50

TOTAL INCOME : 1.865,50

**DEDUCTIONS ANALYSIS**

EMPLOYEE SOCIAL SECURITY FUND: 258,74

EMPLOYER SOCIAL SECURITY FUND: 415,82

TOTAL SOCIAL SECURITY FUND: 674,56

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

STAMP DUTY: 0,00 PAYROLL TAXES: 487,12 SPECIAL SOLIDARITY CONTRIBUTION: 0,00

TOTAL EMPLOYEE DEDUCTIONS: 745,86

NET AMOUNT — LOAN — PAYMENT IN ADVANCE — OTHER DEDUCTIONS =  
**1.119,64**

**PAYMENT AMOUNT**  
**1.119.64**

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

Αποσπασμα μετ ελεγχου 8

**PAYROLL SLIP**  
**PAYMENT ORDER AUGUST - DATE 09/08/2024**  
**EMPLOYEE DATA**

**COMPANY DATA**

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

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 : 830,00

LEGAL SALARY : 830,00

**REGULAR BENEFITS**

ΟΙΚΕΙΟ.ΠΑΡΟ 4.079,22

TOTAL SALARY : 4.909,22

TOTAL DAILY SALARY : 196,37

TOTAL HOURLY SALARY : 29,46

**PERIOD INCOME ANALYSIS**

PAID DAY WORK : 10,60

SICK DAYS : 0,00

DAYS OF LEAVE : 14,40

DAYS OF INSURANCE : 25

PAYMENT ORDER 4.909,22

**TOTAL INCOME : 4.909,22**

**DEDUCTIONS ANALYSIS**

EMPLOYEE SOCIAL SECURITY FUND: 680,91

EMPLOYER SOCIAL SECURITY FUND: 1.094,26

TOTAL SOCIAL SECURITY FUND: 1.775,17

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

STAMP DUTY: 0,00 PAYROLL TAXES: 1.228,31 SPECIAL SOLIDARITY CONTRIBUTION: 0,00

**TOTAL EMPLOYEE DEDUCTIONS: 1.909,22**

NET AMOUNT — LOAN — PAYMENT IN ADVANCE — OTHER DEDUCTIONS =  
**3.000,00**

**PAYMENT AMOUNT**  
**3.000,00**

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

*ημερομηνία 18/08/2024* 