

PAYROLL SLIP

PAYMENT ORDER - April 2024 DATE :18/04/2024

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 : 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 :25,00 SICK DAYS : 0,00 DAYS OF LEAVE : 0,00 DAYS OF INSURANCE : 25

PAYMENT ORDER 4.909,22

TOTAL INCOME : 4.909,22

DEDUCTIONS ANALYSIS

EMPLOYEE SOCIAL SECURITY FUND : 585,24 EMPLOYER SOCIAL SECURITY FUND.: 969,11 TOTAL SOCIAL SECURITY FUND:1.554,35

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

STAMP DUTY: 0,00 PAYROLL TAXES :1.323,98 SPECIAL SOLIDARITY CONTRIBUTION : 0,00

COMPENSATION : 0,00 TOTAL SUBSIDIES : 0,00

TOTAL EMPLOYEE DEDUCTIONS : 1.909,22

NET AMOUNT	—	LOAN	—	PAYMENT IN ADVANCE	—	OTHER DEDUCTIONS =	PAYMENT AMOUNT
3.000,00		0,00				0,00	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