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Please state the reference number (see remuneration notification)

To the payroll office (pay office/pension authority)

State Office of Finance

Please select

Please select

## Declaration on the receipt or review of location and family-related salary components (OFZ declaration)

Please fill in legibly and tick where applicable! If questions cannot be answered or facts not stated due to ignorance of the actual circumstances, the word "unknown" must be entered next to the relevant question or item and the reasons given. If there is not enough space in this declaration for the required information, please attach this information to the declaration on a separate sheet.

Please tick as appropriate ☒ or fill in.

### 1 Personal details

Surname, first name		Date of birth
Place of employment (does not apply to pension recipients)		
Marital status  If the marital status changes or this declaration is submitted for the first time, appropriate proof must be submitted (e.g. marriage certificate or civil partnership certificate, divorce decree, etc.).	<input type="checkbox"/> single <input type="checkbox"/> married <u>and not</u> permanently separated <input type="checkbox"/> married <u>and</u> permanently separated <input type="checkbox"/> in a registered civil partnership <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> _____	since _____

### 2 Details of main residence - within the meaning of § 21 para 2 and § 22 of the Federal

Registration Act (BMG) The address of my main residence is

Address (street, house number, postcode, town)	Since
(Note: Proof must be provided by means of a certificate of registration at the request of the payment office).	
<b>§ 21 BMG Multiple dwellings</b> (2) The main residence is the resident's predominantly used dwelling. <b>§ 22 BMG Determination of the main residence</b> (1) The main residence of a married resident or a resident in a civil partnership who does not live permanently separated from his or her family or civil partner is the residence primarily used by the family or civil partner. (2) The main residence of a minor resident is the home primarily used by the person with custody; if they live separately, the main residence is the home of the person with custody that is primarily used by the minor resident. (3) In cases of doubt, the predominantly used dwelling is where the centre of the resident's life relationships is located. (4) If the residential status of a married resident or a resident in a civil partnership cannot be determined beyond doubt in accordance with paragraphs 1 and 3, the main residence shall be the residence in accordance with § 21 para 2. (5) At the request of a resident who lives in an institution for disabled persons, the dwelling referred to in paragraph 2 shall remain his or her main residence until he or she reaches the age of 25.	

### 3 Information on children <sup>1</sup>

**A copy of the birth certificates of the children** must be **enclosed** for children who are being notified to the benefit centre for the first time.

If there are **several** persons entitled to child benefit or more than 5 children, please use a separate sheet for each person/child.

<b>3.1</b>	<b>Do you have children?</b> <input type="checkbox"/> <b>Yes</b> (Please <u>complete</u> nos. 3.2. to 3.4. <u>in full.</u> ) <input type="checkbox"/> <b>No</b> (continue with no. 4)				
<b>3.2</b>	<b>Details of the child/children</b>				
	Child 1	Child 2	Child 3	Child 4	Child 5
Surname, first name of the child					
Date of birth of the child					
Legal status in relation to the child					
<b>3.3</b>	<b>Who receives child benefit or who has applied or will apply for child benefit?</b>				
Surname, first name of the child benefit recipient					
Date of birth of the child benefit recipient					
Responsible family benefits office (address)					
Child benefit number (e.g. xxxFKxxxxxxx) (mandatory)					
Included in the household	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>If no:</b> Reason for alternative accommodation of the child				
<b>3.4</b>	<b>Is another person who receives child benefit or who also has a basic entitlement to child benefit for the above-mentioned child/children (e.g. spouse/life partner, other parent, step-parent)</b>				
	in a civil servant position?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	in an employment relationship and receives remuneration in accordance with a remuneration law?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	or does he/she receive pension benefits in accordance with civil service law?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, for</b>	Child	Child	Child	Child	Child
Surname, first name of the other person					
Address of the body paying (pension) benefits					
File number					

<sup>1</sup> The term includes children for whom child benefit is due under the Income Tax Act (EStG) or the Federal Child Benefit Act (BKGG) or would be due if § 64 or § 65 EStG or § 3 or § 4 BKGG were not taken into account. This includes children within the first degree of kinship, foster children (§ 32 para. 1 EStG) and children of the spouse or grandchildren taken into the household (§ 63 para 1 sentence 1 EStG).

**4 Details of authorised persons who have taken another person into their home for the following reasons**

<b>4.1</b>	Since _____ I have needed the help of another person for health reasons, that I have not only temporarily taken into <u>my flat</u> <sup>2</sup> .	
	Surname, first name of the other person included	Date of birth
	<input type="checkbox"/> Proof of your own need for assistance for health reasons is enclosed.	
	<input type="checkbox"/> I enclose proof/evidence that the person/persons named in No. 4.1 have taken up residence in my household (certificate from the residents' registration office, copy of identity document).	
	There is another person living in my household who, for health reasons, also needs the help of the other person mentioned above.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes:	
	Surname, first name of the other person	
	Is the other person entitled to remuneration under a civil servant or pension law or to remuneration from an employment relationship under a salary law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes:	
	Name, address and reference number of the body paying (pension) benefits	
<b>4.2</b>	Since _____, I have a <b>relative</b> <sup>3</sup> within the meaning of Art. 20 para 5 BayVwVfG with at least <b>care degree 2</b> in <u>my home</u> <sup>2</sup> not only temporarily. This person needs my care.	
	Surname, first name	Date of birth
	Legal status of the person specified	
	<input type="checkbox"/> I enclose proof/evidence that the person/persons named in No. 4.2 have taken up residence in my household (e.g. certificate from the residents' registration office, copy of identity document).	
	<input type="checkbox"/> Proof of at least <b>care level 2</b> of the admitted relative is enclosed.	
<input type="checkbox"/> The person in need of care was <b>not</b> taken in by <b>any</b> other person in <b>their</b> household.		

<sup>2</sup> "My home" is the home in which the entitled person actually lives - possibly also together with third parties - and has his or her centre of life.

<sup>3</sup> Relatives within the meaning of Art. 20 para 5 BayVwVfG are:

The fiancé, spouse or civil partner within the meaning of the Civil Partnership Act (civil partner), relatives and in-laws in the direct line, siblings, children of siblings, spouses of siblings and siblings of the spouse as well as spouses of siblings and siblings of the civil partner, siblings of parents, persons who are linked to each other by a long-term foster relationship with a domestic community such as parents and child (foster parents and foster children).

<p><b>There is another eligible person</b> living in my household who is entitled to benefits under a civil service or pension law or receives benefits from an employment relationship under a salary law.</p> <p><b>If yes:</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Surname, first name of the other person
	Name, address and reference number of the body paying (pension) benefits

## 5 Aquisitional allowance

Did you receive a family allowance <b>before 1 April 2023</b> , which is (partially) paid as an <b>"FZ entitlement allowance in accordance with Art. 109 para 3 BayBesG or Art. 114g para 1 BayBeamVG"</b> (see "OFZ entitlement FZ" or "OFZ entitlement (insurance)" on the salary notification)?	<input type="checkbox"/> Yes,    since  <input type="checkbox"/> No
<b>If yes:</b>	
<input type="checkbox"/> I am married. <b>(Please also submit the completed "e-declaration" [No. X_Z703]).</b>	
<input type="checkbox"/> I am not married or I am widowed or my marriage or civil partnership under the LPartG is divorced, annulled or declared null and void. <b>(Please also enclose the completed "FL Declaration" [No. X_Z705]).</b>	
<input type="checkbox"/> I have previously received level 1 of the family allowance due to the inclusion of another person (e.g. child) in the household. <b>(Please also submit the completed "F declaration" [No. X_Z706-5]).</b>	
You can find the relevant forms on the Internet at <b>www.lff.bayern.de</b> .	

I confirm that I have provided all information truthfully and completely to the best of my knowledge and belief. Where I was unable to provide information due to ignorance of the actual circumstances, I have marked this in the relevant place. I am aware that

- I must report any change in the above-mentioned personal circumstances to my competent pay office without delay;
- the notification of my main residence serves to check the eligibility requirements for the granting of place- and family-related salary components and I must notify any change of main place of residence without delay;
- for children entitled to child benefit, for whom child benefit is not granted to me but to another person, I cannot receive level 1 ff of the OFZ if the other person joins the public service and receives a child-related share under a salary or pension law;
- I must report changes in the household of relatives in need of care (e.g. admission to a care facility, death of the person admitted, etc.);
- I must repay the remuneration that I have received in excess as a result of omitted, delayed or missing change notifications.

Information on processing of data and on the related rights can be found at under [www.lff.bayern.de/ds-info](http://www.lff.bayern.de/ds-info) or alternatively by calling our data protection telephone number 0931 4504-6770.

Date

Signature

You can reach us by phone at

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