



**ANNUAL NOTIFICATION
FOR PAYMENTS TO PERSONS WITH
LIMITED TAX LIABILITY IN FINLAND**

This is a replacement of a previous filing.

INFORMATION ON THE PAYER

Payer's name and address	Payer's Business ID / Personal ID		Year of payment
	Contact person's name		
	Telephone		

INFORMATION ON RECIPIENTS / BENEFICIARIES

7 Recipient's name, Family name, if natural person			8 First names, if natural person		
Address in the country of tax residence (Not the address in Finland.)					
9 Street address				10 Postal code	
11 Municipality		12 Finnish Personal ID		Date of birth	
13 Tax Identification Number of residence country TIN, personal ID or business ID (not Finnish)		14 Country code of residence country		16 Type of payment	
17 Gross pay amount as basis for taxes		€	c	18 Taxes withheld	
				€	c
				21 Deduction for tax at source	
				€	c
24 Health insurance premium		€	c	26 Pension that has been reclaimed	
				€	c

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To facilitate optical character recognition (OCR), please only submit original forms. Photocopies are not OCR-compatible.

To facilitate optical character recognition (OCR), please write the Business ID / Personal ID of the payer and the year of payment on every page.

Instructions: tax.fi/forms

Send the completed forms to:
OCR service of Annual Information Returns
(Vuosi-ilmoitusten optinen lukupalvelu)
PO Box 300
FI-00052 VERO