


 Tax Administration
 P.O. Box 650
 00052 VERO

1 About you

Your name		Personal identity code or Business ID
Street address		Telephone
Postal code	Post office	
Name of agent or representative (if necessary, enclose the letter of authorization)		Telephone
Address		

2 About the claim

The year(s) for which adjustment is claimed	
The claim is related to. Please also include the necessary forms. Check the Instructions to see which supplement form you should use.	
<input type="checkbox"/> Travel expenses/Commuting	<input type="checkbox"/> Interest payments on loans
<input type="checkbox"/> Costs for the production of income	<input type="checkbox"/> Business operation / agriculture
<input type="checkbox"/> Rental income / loss from rental op.	<input type="checkbox"/> Forestry operation
<input type="checkbox"/> Credit for domestic expenses	<input type="checkbox"/> Income from foreign sources
<input type="checkbox"/> Capital gains/Capital losses	
<input type="checkbox"/> Other reason	
How do you claim your taxation to be adjusted?	

33081

3 Grounds (if you run out of space, enclose separate sheets of paper)

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<input type="checkbox"/> I demand that tax collection be interrupted while this claim is processed. (If a claim for adjustment is fully or partially rejected, late-payment interest is collected on the remaining tax.)

Date	Signature

 Send the completed form to **Finnish Tax Administration, P.O. Box 650, FI-00052 VERO**