



Tax Administration  
 P.O. Box 650  
 FI-00052 VERO  
 FINLAND

Applicant is	
<input type="checkbox"/> natural person	<input type="checkbox"/> corporation

**1 Applicant**

1.1 Last name or name of corporation		1.2 Given names	
1.3 Finnish personal identity code	1.4 Date of birth (dd.mm.yyyy)	1.5 Telephone number	
1.6 Postal address	1.7 Postal code	1.8 Post office	
1.9 Country of residence	1.10 Country code	1.11 Tax identification number in country of residence (TIN)	

**2 Information on the representative signing this application form. Enclose letter of authorisation.**

2.1 Representative's name	
2.2 Postal address	2.3 Telephone number
<input type="checkbox"/> 2.4 Letter of authorisation is enclosed.	

**3 Decision being appealed**

3.1 Date (dd.mm.yyyy)	3.2 Decision nr	3.3 Tax years

**4 Claims made**

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**5 Grounds** (continue on separate enclosure if necessary)

<input type="checkbox"/> 5.1 This form has enclosures.

Date	Signature and printed name