



Incomes Register Unit
P.O. Box 1
FI-00055 INCOMES REGISTER

You can use this form to submit a new employer's separate report, correct a previous report or entirely cancel a previous report. You can report the total amount of employer's health insurance contributions paid in the reporting month, the deductions made from it, and the "No wages payable" information. More information is available in the instructions for filling in the form.

Fill in the identifying details at the top of every page. Always report **type of action**, **reporting date** and **reporting period** (month and year). **The payer's report reference** identifies the report. If you are correcting or cancelling a previous report, enter the report reference of the previous report. If you are submitting a new report, leave the field blank; then the Incomes Register creates a reference for your new report. You can also generate a report reference yourself (for allowed characters, see instructions). However, if the payer has no ID, leave the field blank.

Type of action	Reporting date (ddmmyyyy)	Reporting month	Year
New report <input type="checkbox"/> Replacement report <input type="checkbox"/> Report cancellation <input type="checkbox"/>			
Payer's report reference (mandatory if you are correcting or cancelling a previous report)			

1. PAYER

Enter the Finnish **Business ID** or **personal identity code** of the payer of the wages or other payment. If you enter a foreign identifier, also report the **company's name** or **the person's name**, **date of birth**, **address** and **foreign identifier information**. If you select "Payer has no identifier", fill in the company's name or the person's **name** and **date of birth** and **the address**. Also specify whether the payer is a household, a pool of household employers or both. For possible contacts, also enter the name and telephone number of a contact person.

61031

Company name			
First name	Last name	Date of birth (ddmmyyyy)	
Payer's Business ID, Personal identity code, or other identifier		The payer is a	
		household <input type="checkbox"/> pool of household employers <input type="checkbox"/>	
Type of identifier			
Finnish Business ID <input type="checkbox"/>	Finnish personal identity code <input type="checkbox"/>	VAT number (VAT) <input type="checkbox"/>	GIIN <input type="checkbox"/>
Tax Identification Number (TIN) <input type="checkbox"/>	Finnish trade registration number <input type="checkbox"/>	Foreign business registration number <input type="checkbox"/>	Foreign personal identification number <input type="checkbox"/>
Other identifier <input type="checkbox"/>	Payer has no identifier <input type="checkbox"/>		
Identifier country code (see instructions)		Country name if there is no country code	
Street address		Building number	Entrance Flat
P.O. Box.	Postal code	City	
Address country code (see instructions)		Country name if there is no address country code	
Name of the contact person		Contact person's telephone number	

TULOR 6103e 1.2022 (page 1/2)





61032

The top section of the form must be filled on every page.

Type of action	Reporting date (ddmmyyyy)	Reporting month	Year
New report <input type="checkbox"/> Replacement report <input type="checkbox"/> Report cancellation <input type="checkbox"/>			
Payer's report reference (mandatory if you are correcting or cancelling a previous report)			

Payer's pension insurance and occupational accident insurance

Report the information of earnings-related pension and occupational accident insurance, if No wages payable information is specified in the report.

Earnings-related pension provider code (number only)	Pension policy number
Occupational accident insurance company identifier	Occupational accident insurance policy number
Type of occupational accident insurance company identifier	
Finnish Business ID <input type="checkbox"/> VAT number (VAT) <input type="checkbox"/> GIIN <input type="checkbox"/> Finnish trade registration number <input type="checkbox"/>	
Foreign business registration number <input type="checkbox"/> Other identifier <input type="checkbox"/>	
Identifier country code (see instructions)	Country name if there is no country code

2. HEALTH INSURANCE CONTRIBUTION AND THE NO WAGES PAYABLE INFORMATION

Report the **Employer's health insurance contribution (total)** for the month in question and any **deductions** made from the health insurance contribution.

Data to be reported	Amount	
	EUR	c
Employer's health insurance contribution (total)		
Deductions to be made from the employer's health insurance contribution		
No wages payable <input type="checkbox"/> If you report No wages payable, do not enter any euro amounts.		

3. DATE AND SIGNATURE

Date	Signature and name in block letters	Telephone number

Document field content is read optically. Information outside document fields will not be processed. Use only forms printed from incomesregister.fi, not their copies. Copying may affect the quality of the form, preventing optical character recognition.

TULOR 6103e 1.2022 (page 2/2)

