



Incomes Register Unit
PO Box 1
FI-00055 INCOMES REGISTER

You can use this form to submit a new earnings payment report, correct a previous report or entirely cancel a previous report. You can report the payments made to a single income earner on the same payment date. More information is available in the instructions for filling in the form.

The top section of the form must be filled on every page. Select the right alternative under **Type of action**. **Payer's report reference** uniquely identifies the report. If you are correcting or cancelling a previous report, enter the reference of the previous report. If you are submitting an entirely new report, enter a reference of your choice. **Pay period** is the period for which wages are paid.

Type of action			Pay period (ddmmyyyy–ddmmyyyy)		Payment date (ddmmyyyy)
New report <input type="checkbox"/>	Replacement report <input type="checkbox"/>	Report cancellation <input type="checkbox"/>		–	
Payer's report reference (e.g. ddmmyyyy1)					

1. PAYER

Enter the **name** and **Business ID** or **Personal identity code** of the payer. Enter the **address**, if the payer is a temporary employer or the payer has a foreign address. Also specify whether the payer is a household, a temporary employer or both.

A **Temporary employer** hires an employee sporadically and pays only a certain amount of wages over a period of six months (see the pay limit in the filling instructions).

For possible contacts, also enter the name and telephone number of a contact person.

Business ID or Personal identity code		Name				
Street address				Building number	Entrance	Flat
P.O. Box.	Postal code	City				
Country code (see instructions)		Country name if there is no country code				
The payer is a						
temporary employer <input type="checkbox"/>		household <input type="checkbox"/>				
Name of the contact person				Contact person's telephone number		

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New report <input type="checkbox"/> Replacement report <input type="checkbox"/> Report cancellation <input type="checkbox"/>	—	
Payer's report reference (e.g. ddmmyyyy1)		

2. INCOME EARNER

Enter the **name** and **Personal identity code** or **Business ID**. If the income earner is a limited liability company, limited partnership, general partnership or some other legal person, always enter Business ID. Enter the **address**, if it is not in Finland. If the income earner is covered by an occupational accident insurance, also report the income earner's **Occupational class code** (see the codes in the filling instructions).

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Personal identity code or Business ID		Name			
Street address			Building number	Entrance	Flat
P.O. Box.	Postal code	City			
Country code (see instructions)		Country name if there is no country code			
Occupational class code (see instructions)		Income earner is a(n)			
		co-owner <input type="checkbox"/> organisation <input type="checkbox"/>			

Insurance

Report the income earner's insurance information. In certain situations, there is no obligation to provide insurance, e.g. due to age or the lower income limit (see the filling instructions). If there is no obligation to provide insurance at all, select the top option. If there is no obligation to provide insurance at all, select the top option.

Earnings-related pension insurance information (select one)		No obligation to provide the following forms of insurance	
Employee's earnings-related pension insurance <input type="checkbox"/>	Pension insurance for the self-employed (YEL) <input type="checkbox"/>	Earnings-related pension, health, unemployment and accident and occupational disease insurance <input type="checkbox"/>	Earnings-related pension insurance <input type="checkbox"/>
Pension insurance for farmers (MYEL) <input type="checkbox"/>		Health insurance <input type="checkbox"/>	Unemployment insurance <input type="checkbox"/>
		Unemployment insurance <input type="checkbox"/>	Accident and occupational disease insurance <input type="checkbox"/>
Earnings-related pension provider code		Pension policy number of income earner with earnings-related pension insurance	
Business ID of the occupational accident insurance company		Occupational accident insurance policy number	

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Payer's report reference (e.g. ddmmyyyy1)						

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3. PAYMENTS MADE TO THE INCOME EARNER

3A Total wages and deducted items

Report the monetary wages paid to the income earner, the withheld tax and the collected insurance contributions. The most typical income types such as time-rate pay, meeting fee or lecture fee can be included in Total wages (see a more specific list in the filling instructions). Certain income types are reported separately under section 3B, Separately reported income types (for more details, see the filling instructions). Report fringe benefits under section 3C, Fringe benefits and reimbursement of expenses.

Total wages		Total tax withheld		Employee's pension insurance contribution		Employee's unemployment insurance	
EUR	c	EUR	c	EUR	c	EUR	c

If some of the total wages are not subject to social insurance contributions, report below the share of the income below that is subject to insurance contributions (see more details in the filling instructions).

	EUR	c
Wages subject to social insurance contributions		
If the wages are fully subject to social insurance contributions, they can not be itemised in more detail below.		
Total wages subject to earnings-related pension insurance contribution		
Total wages subject to health insurance contribution		
Total wages subject to unemployment insurance contribution		
Total wages subject to accident and occupational disease insurance contribution		

3B Separately reported income types

Report payments made in addition to the Total wages income, such as 336 Non-wage compensation for work (see the filling instructions for a detailed list). Reimbursement of expenses and fringe benefits are reported separately under section 3C.

Income type code	EUR	c	Income type code	EUR	c	Income type code	EUR	c	Income type code	EUR	c

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3C Fringe benefits and reimbursement of expenses

Report the fringe benefits and reimbursements of expenses, if any have been paid.

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Amount of company car benefit		Full car benefit <input type="checkbox"/>	Age group			Number of kilometres according to logbook
EUR	c					
		Limited car benefit <input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	U <input type="checkbox"/>

Kilometre allowance (tax-exempt)		Number of kilometres
EUR	c	

Daily allowances in total		Meal allowance <input type="checkbox"/>	Partial daily allowance <input type="checkbox"/>	Full daily allowance <input type="checkbox"/>
EUR	c			
		International daily allowance <input type="checkbox"/>		

Other taxable fringe benefits in total		Accommodation benefit <input type="checkbox"/>	Telephone benefit <input type="checkbox"/>	Meal benefit <input type="checkbox"/>
EUR	c			
		Other benefits <input type="checkbox"/>		

Meal Benefit		Reimbursement for a meal benefit corresponds to taxable value <input type="checkbox"/>
EUR	c	

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4. DATE AND SIGNATURE

Date	Signature and name in block letters	Telephone number

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