



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. Use this form also when a foreign payer or income earner is connected to the transaction, you act as a substitute payer, or are submitting recovery data or information on unjust enrichment. 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)		

Select the subject of the report.
Earnings payment data <input type="checkbox"/> Unjust enrichment <input type="checkbox"/> Recovery <input type="checkbox"/>

1. PAYER

Enter the Finnish **Business ID** or **Personal identity code** of the payer of the wages or other payment. If there are no Finnish identifications, enter the **company name** or the person's **first name, last name, date of birth** and **his or her foreign identifier** information. For possible contacts, also enter the name and telephone number of a contact person.

61041

Company name	
First name	Last name
Date of birth (ddmmyyyy)	
Payer's Business ID, Personal identity code, or other identifier	
Type of identifier	
Finnish Business ID <input type="checkbox"/>	Finnish Personal ID <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
Payer is (fill only if you are one of the below)	
a household <input type="checkbox"/>	a temporary employer <input type="checkbox"/>
a foreign employer <input type="checkbox"/>	a specialised agency <input type="checkbox"/>
a foreign group company <input type="checkbox"/>	
Name of the contact person	Contact person's telephone number

TULOR 6104e 1.2019 (page 1/6)





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

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)		

Payer's address Enter an address if there are no Finnish identifiers, if the address is located abroad, or if you are a temporary employer.

Street address		Building number	Entrance	Flat
P.O. Box.	Postal code	City		
Address country code (see instructions)		Country name if there is no country code		

Substitute payer Report the information of the actual employer, if you act as a substitute payer.

I act as a substitute payer <input type="checkbox"/>			
The identifier of the actual employer	The name of the actual employer		
Type of identifier			
Finnish Business ID <input type="checkbox"/>	Finnish Personal ID <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"/>			
Identifier country code (see instructions)	Country name if there is no country code		

61042

2. REPRESENTATIVE

Representative's identifier	Name			
Type of identifier				
Finnish Business ID <input type="checkbox"/>	Finnish Personal ID <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"/>				
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 country code		

TULOR 6104e 1.2019 (page 2/6)





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

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)		

3. INCOME EARNER

Enter the **name** and **Personal identity code** or **Business ID** of the income earner. If the income earner is a limited liability company, limited partnership, general partnership or some other legal person, always enter Business ID. If there is no Finnish identifier and the income earner is a natural person, enter the **name, date of birth, gender** and **foreign identifier** information. If the income earner is a non-resident taxpayer, enter the country code of the **country of residence**. **Time of employment** and **Occupational class code** are entered if the income earner is covered by an occupational accident insurance.

First name	Last name	Date of birth (ddmmyyyy)
Gender	Income earner is a non-resident taxpayer	Income is subject to withholding
Female <input type="checkbox"/> Male <input type="checkbox"/>	Yes <input type="checkbox"/> Country code of the country of residence	Yes <input type="checkbox"/>
Company name (if income earner is a company)		
Income earner's Personal identity code, Business ID or other identifier		
Type of identifier		
Finnish Business ID <input type="checkbox"/>	Finnish Personal ID <input type="checkbox"/>	VAT number (VAT) <input type="checkbox"/>
Tax Identification Number (TIN) <input type="checkbox"/>	Finnish trade registration number <input type="checkbox"/>	Foreign business registration number <input type="checkbox"/>
Other identifier <input type="checkbox"/>	Income earner has no identifier <input type="checkbox"/>	
Identifier country code (see instructions)	Country name if there is no country code	
Income earner is (fill only if the income earner is one of the below)		
Employed with assistance from the State employment fund <input type="checkbox"/>	Key employee <input type="checkbox"/>	
Person working in a frontier district <input type="checkbox"/>	Athlete <input type="checkbox"/>	
Person working abroad <input type="checkbox"/>	Performing artist <input type="checkbox"/>	
Employer pays taxes on behalf of the employee ("Net-of-tax" employment contract) <input type="checkbox"/>	Joint owner with payer <input type="checkbox"/>	
Organisation <input type="checkbox"/>	Partial owner <input type="checkbox"/>	
Income earner did not stay longer than 183 days in Finland during the Tax-Treaty-defined sojourn period <input type="checkbox"/>	Country code of tax-treaty country	
Income earner is a leased employee living abroad. <input type="checkbox"/>	Work period in Finland of a leased employee living abroad (ddmmyyyy–ddmmyyyy)	Number of workdays
	—	
Employment terminated due to retirement	Time of employment (ddmmyyyy–ddmmyyyy)	Occupational class code (see instructions)
Yes <input type="checkbox"/>	—	<input type="text"/>

61043

TULOR 6104e 1.2019 (page 3/6)





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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)		

Income earner's address in home country Enter the address, if the income earner does not have a Finnish Personal identity code or if the income earner is a non-resident taxpayer.

Street address		Building number	Entrance	Flat
P.O. Box.	Postal code	City		
Address country code (see instructions)		Country name if there is no country code		

Income earner's address in country of work You can enter the address if the income earner does not have a Finnish Personal identity code.

61044

Street address		Building number	Entrance	Flat
P.O. Box.	Postal code	City		
Address country code (see instructions)		Country name if there is no country code		

Insurance

Enter the income earner's insurance information (for more information, see the filling instructions). In certain situations, there is no obligation to provide insurance. If the income earner is insured in another country with regard to some of the insurances, enter this information under "Not subject to Finnish social security". If the income earner is voluntarily pension-insured in Finland, enter the information on the pension insurance, pension provider code and the pension policy number of the income earner.

Earnings-related pension insurance information (select one)	
Employee's pension insurance <input type="checkbox"/>	Pension insurance for farmers (MYEL) <input type="checkbox"/> Pension insurance for the self-employed (YEL) <input type="checkbox"/>
Earnings-related pension provider code	Pension policy number of income earner with earnings-related pension insurance
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
No obligation to provide the following forms of insurance	Not subject to Finnish social security
Earnings-related pension, health, unemployment and accident and occupational disease insurance <input type="checkbox"/>	Earnings-related pension, health, unemployment and accident and occupational disease insurance <input type="checkbox"/>
Earnings-related pension insurance <input type="checkbox"/>	Earnings-related pension insurance <input type="checkbox"/>
Health insurance <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"/>	Accident and occupational disease insurance <input type="checkbox"/>





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

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)						

4. PAYMENTS MADE TO THE INCOME EARNER

4A Payments made by income type

Itemised by income type, report all **payments** made to the income earner on the same payment date. Income types include time-rate pay, telephone benefit and non-wage compensation for work (codes in the instructions). For some **income types**, enter additional information under section 4B. If the insurance information of a payment differs from the default value for that income type, enter additional information under section 4C. If the report concerns unjust enrichment, enter the information on the income types of the payments.

In international situations, specify whether the six-month rule applies. If it does, also enter the country code of the country of work. If the report concerns recovery, report the recovered payments by income type and enter additional information under section 4D.

61045

Income type code	Amount of payment		Six-month rule applies	Country code
	EUR	c		
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Deducted items

Enter the total of the deducted items listed below for all income types itemised in section 4A.

Withholding tax		Employee's unemployment insurance contribution		Tax at source		Tax at source deduction		Employee's pension insurance contribution	
EUR	c	EUR	c	EUR	c	EUR	c	EUR	c

Other deducted items

Report all other items deducted from the payments (see income types in the instructions), such as reimbursement collected from a fringe benefit.

Income type of the deducted item	EUR	c	Income type of the deducted item	EUR	c

TULOR 6104e 1.2019 (page 5/6)





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Type of action	Pay period (ddmmyyy–ddmmyyy)	Payment date (ddmmyyy)
New report <input type="checkbox"/> Replacement report <input type="checkbox"/> Report cancellation <input type="checkbox"/>	—	
Payer's report reference (e.g. ddmmyyy1)		

4B Additional information on fringe benefits and reimbursements of expenses

If the income earner has received a car benefit, tax-exempt kilometre allowance, daily allowance or other taxable fringe benefits, enter additional data on them (for more information, see the filling instructions). NB: the euro amounts are only entered in section 4A.

Itemised company car benefit

Kilometre allowance (tax-exempt)

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

Itemised daily allowances

Type of daily allowance	Meal allowance <input type="checkbox"/>	Partial daily allowance <input type="checkbox"/>	Full daily allowance <input type="checkbox"/>	International daily allowance <input type="checkbox"/>	tax-exempt reimbursements related to working abroad <input type="checkbox"/>
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Itemised other taxable fringe benefits

Type of benefit	Accommodation benefit <input type="checkbox"/>	Telephone benefit <input type="checkbox"/>	Meal benefit <input type="checkbox"/>	Other benefits <input type="checkbox"/>
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61046

Meal benefit

Reimbursement for a meal benefit corresponds to taxable value	<input type="checkbox"/>
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4C Additional information on payments with exceptional insurance information

If the insurance information of some payment entered in section 4A differs from the default value for the income type, itemise the data for the income types in question. (See the income types and their default values in the filling instructions.) If a payment is made in accordance with the default value specified for the income type, leave this section blank.

Income type code	Subject to social insurance contributions	Subject to earnings-related pension insurance contribution	Subject to health insurance contribution	Subject to unemployment insurance contribution	Subject to accident and occupational disease insurance contribution
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

4D Additional information on recovery

Recovery date (ddmmyyy)	Original pay period (ddmmyyy–ddmmyyy)
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5. DATE AND SIGNATURE

Information provided by payer's representative <input type="checkbox"/>		
Date	Signature and name in block letters	Telephone number

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TULOR 6104e 1.2019 (page 6/6)

