VERO SKATT

E-FILE
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Finnish Tax Administration
Car taxation
P.O. Box 20
FI-00052 VERO
FINLAND

REQUEST FOR REFUND OF CAR TAX BASED ON DISABILITY

☐ Application for the right to refund (before vehicle registration)

☐ Application for refund of car tax (when the vehicle has a registration)

1 Taxpayer

Name	Personal identity code

2 Tax representative (fill in only if necessary)

Name	Personal or Business ID
Telephone	

☐ I refer to the Tax Administration's decision confirming my right to receive a refund of car tax based on my disability, and I affirm that no changes have affected my circumstances reported to the Tax Administration.

3 Vehicle

VIN (vehicle identification number)	Finnish registration number
Date of first registration in Finland (ddmmyyyy)	Transmission type
	☐ Automatic ☐ Standard (manual)
Grounds for the application	
☐ Applicant's own disability ☐ Other person's disability	
Driver	
☐ The applicant will drive the vehicle ☐ Someone else will drive	
Driver's name	
Driver's address	
Address where vehicle will be kept	
Description of the planned operation of the vehicle	
Grounds for the necessity to have a motor vehicle	
☐ Studies (for a qualification) ☐ Gainful employment ☐ Other activity, generating taxable income on a regular basis ☐ Other grounds	
Have you applied for refund based on disability previously?	
☐ Yes ☐ No	

4 Documents to be enclosed

☐ This application form contains attachments or enclosed documents.

Date	Signature and name in printed letters	Telephone

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