



Incomes Register Unit
PO 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.

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.

Type of action	Reporting date (ddmmyyyy)	Payment month	Payment year
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 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, address** and **foreign identifier** information. For possible contacts, also enter the name and telephone number of a contact person.

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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	
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	

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

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

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	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"/>		

3. DATE AND SIGNATURE

Date	Signature and name in block letters	Telephone number

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