



Incomes Register Unit  
PO Box 1  
FI-00055 INCOMES REGISTER

You can use this form to submit a new NT1 report, NT2 report and the employer's report on periods of stay in Finland. You can also correct or cancel a previous report. 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. Report **pay period** that is current period of notice.

Type of action	Pay period (ddmmyyyy-ddmmyyyy)	Reporting 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 one form type. More information on the form types is available in the filling instructions.

NT1 <input type="checkbox"/>	NT2 <input type="checkbox"/>	Employer's report on periods of stay in Finland <input type="checkbox"/>
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### 1. PAYER

Enter the **Business ID** or **Personal identity code** and **name** of the payer of the wages or other payment. For possible contacts, also enter the name and telephone number of a contact person. Enter this information on each type of form.

Business ID or Personal identity code	Name
Name of the contact person	Contact person's telephone number

### 2. INCOME EARNER

Enter a Finnish **Personal identity code**. If there is no Finnish identifier, enter the person's **name**, **date of birth**, **gender**, **address** and his or her **foreign identifier** information. Enter this information on each type of form.

First name	Last name
Income earner's Finnish Personal identity code	
Income earner's foreign identifier	Date of birth (ddmmyyyy)
	Gender Female <input type="checkbox"/> Male <input type="checkbox"/>
Type of identifier	
Foreign personal ID <input type="checkbox"/>	Tax Identification Number (TIN) <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
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

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

Type of action	Pay period (ddmmyyyy-ddmmyyyy)	Reporting 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. COUNTRY OF WORK AND PERMANENT ESTABLISHMENT

Enter the information on the country of work, the district of work and the taxation rights of the country of work. The employer's permanent establishment is a place of business from which the company operates fully or partially. Enter this information if you are submitting an NT1 or NT2 report. Periods of work abroad must be entered only if you are submitting an NT2 report.

Country code of country of work	Name of the country of work	District where work is performed		
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		
Country of work has taxation rights		yes <input type="checkbox"/>	no <input type="checkbox"/>	Stay period in country of work (ddmmyyyy-ddmmyyyy)
Employer has a permanent establishment in country of work, the financial result of which is burdened by the employee's pay?		yes <input type="checkbox"/>	no <input type="checkbox"/>	—
Work periods abroad (ddmmyyyy-ddmmyyyy)		Work periods abroad (ddmmyyyy-ddmmyyyy)		

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### 4. WAGES AS WELL AS OTHER REMUNERATIONS AND BENEFITS

In addition to the monetary pay, enter information on any other remunerations and benefits paid to the employee. Enter this information if you are submitting an NT2 report

Monetary wages/month	Other remunerations and benefits				
EUR	c	Daily allowance <input type="checkbox"/>	Accommodation benefit <input type="checkbox"/>	Car benefit <input type="checkbox"/>	Other benefits <input type="checkbox"/>

### 5. PERIODS OF STAY IN FINLAND

Enter all of the employee's periods of stay in Finland, or enter the "Report contains no stay periods in Finland" information. Enter this information if you are submitting the employer's report on periods of stay in Finland.

Period of stay in Finland (ddmmyyyy-ddmmyyyy)	Period of stay in Finland (ddmmyyyy-ddmmyyyy)

Report contains no stay periods in Finland





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

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

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### 6. CUSTOMER

The customer (principal) is the party for whom the employee works in the country of work. Enter the Business ID or Personal identity code of the customer. If there are no Finnish identifiers, enter the name, the foreign identifier information and the address. Enter this information if you are submitting an NT1 report.

Business ID or Personal identity code		Name of the customer			
Customer's foreign identifier					
Type of identifier					
Foreign business registration number <input type="checkbox"/>	VAT number (VAT) <input type="checkbox"/>	Tax Identification Number (TIN) <input type="checkbox"/>	Finnish trade registration number <input type="checkbox"/>		
Foreign personal identification number <input type="checkbox"/>	Other identifier <input type="checkbox"/>				
Address country code (see instructions)		Country name if there is no address 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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### 7. DATE AND SIGNATURE

Date	Signature and name in block letters	Telephone number

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