



Incomes Register Unit  
P.O. Box 1  
FI-00055 INCOMES REGISTER

You can use this form to submit a new employee leasing notice by a foreign employer, correct a previous notice or entirely cancel a previous notice. More information is available in the instructions for filling in the form.

Fill in the identifying details at the top of every page. Always report **type of action**, **pay period** and **reporting date**. The **payer's report reference** identifies the report. If you are correcting or cancelling a previous report, enter the report reference of the previous report. If you are submitting a new report, leave the field blank; then the Incomes Register creates a reference for your new report. You can also generate a report reference yourself (for allowed characters, see instructions). However, if the payer has no ID, leave the field blank. Enter the pay period at the time of reporting.

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 (mandatory if you are correcting or cancelling a previous report)		

**1. PAYER**

Enter the Finnish **Business ID** of the payer of the wages or other payment. If you enter a **Finnish personal identity code** instead of the Business ID, please mark the appropriate Type of identifier. If you enter a foreign identifier, also indicate **name**, **identifier** and **the type of identifier**, **country code** and **address**. If the payer is a natural person and does not have a Finnish personal identity code, indicate **identifier** and **the type of identifier**, **country code**, the person's **name** and **date of birth**. If you select "Payer has no identifier", fill in the company's **name** or the person's **name** and **date of birth** and **the address**. Finally, enter the name and phone number of a person to contact.

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Business ID	Company name		
First name	Last name	Date of birth (ddmmyyyy)	
Payer's Personal identity code or other identifier			
Type of identifier			
Finnish Personal identity code <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 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	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 (mandatory if you are correcting or cancelling a previous report)		

**2. REPRESENTATIVE**

Enter the representative's Finnish **Business ID** or **personal identity code**. If there are no Finnish identifiers, enter the representative's **name, foreign identifier, type of identifier, country code** and **address**.

Business ID or Personal identity code	Name		
Representative's foreign identifier			
Type of identifier			
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"/>
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		
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 (mandatory if you are correcting or cancelling a previous report)		

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**3. INCOME EARNER**

Enter the income earner's Finnish **personal identity code**. If you enter a foreign identifier, also indicate **name, gender, date of birth, the foreign identifier and its type of identifier and the country code**. If you select "Income earner has no identifier", give the income earner's **name, gender and date of birth**. Enter the income earner's home-country address and address in the country where he or she works.

First name		Last name				
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						
Tax Identification Number (TIN) <input type="checkbox"/>		Foreign personal identification 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				
Street address in home country				Building number	Entrance	Flat
P.O. Box.	Postal code	City				
Address country code (see instructions)		Country name if there is no country code				
Street address in country of work				Building number	Entrance	Flat
P.O. Box.	Postal code	City				
Address country code (see instructions)		Country name if there is no country code				

**4. ESTIMATED PAY AMOUNT AND WORK PERIOD IN FINLAND**

Estimated pay amount		Work period in Finland (ddmmyyyy–ddmmyyyy)	
EUR	c		





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New report <input type="checkbox"/> Replacement report <input type="checkbox"/> Report cancellation <input type="checkbox"/>	—	
Payer's report reference (mandatory if you are correcting or cancelling a previous report)		

**5. FINNISH SERVICE RECIPIENT**

Enter the **Business ID** or **personal identity code** of the service recipient in Finland (the company/person that uses the leased workforce). If there are no Finnish identifiers, enter the service recipient's **name**, **foreign identifier**, **type of identifier**, and **the country code**.

Business ID or Personal identity code	Name		
Foreign identifier			
Type of identifier			
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"/>
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		

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**6. DATE AND SIGNATURE**

Information provided by foreign employer's representative. <input type="checkbox"/>	If the information is submitted by a representative of a foreign employer, also fill in section 2. Representative.	
Date	Signature and name in block letters	Telephone number

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