



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 the type of action you select is Replacement report or Report cancellation) | | |
| | | |

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 the type of action you select is Replacement report or Report cancellation) | | |
| | | |

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 the type of action you select is Replacement report or Report cancellation) | | |
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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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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 the type of action you select is Replacement report or Report cancellation) | | |
| | | |

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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