



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** or **personal identity code** of the payer of the wages or other payment. If you enter a foreign identifier, also report the **name**, **address** and **foreign identifier** information. If the payer is a natural person and does not have a Finnish personal identity code, enter the person's **name** and **date of birth** in addition to the foreign identifier. If you select "Payer has no identifier", fill in the **company name** or the person's **name** and **date of birth** and the **address**. For possible contacts, also enter the name and telephone number of a contact person.

61061

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	

TULOR 6106e 1.2022 (page 1/4)





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

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	

61062





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)		

**61063 3. INCOME EARNER**  
Enter the income earner's Finnish **personal identity code**. If you enter a foreign identifier, also report the **name, gender, date of birth** and **foreign identifier** information. If you select "Income earner has no identifier", report the **name, gender** and **date of birth**. Enter the income earner's address in their home country and in the country of work.

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		
		—	





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)		

**5. FINNISH SERVICE RECIPIENT**

Enter the **Business ID** or **personal identity code** of the service recipient in Finland (party who uses the leased workforce). If there are no Finnish identifiers, enter the **name** and **foreign identifier** information.

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		

61064

**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

Document field content is read optically. Information outside document fields will not be processed. Use only forms printed from incomesregister.fi, not their copies. Copying may affect the quality of the form, preventing optical character recognition.

