



**ANNUAL NOTIFICATION
FOR PAYMENTS TO PERSONS WITH
LIMITED TAX LIABILITY IN FINLAND**

This is a replacement of a previous filing.

INFORMATION ON THE PAYER

Payer's name and address	010 Payer's Business ID / Personal ID		058 Year of payment
	041 Contact person's name		
	042 Telephone		

INFORMATION ON RECIPIENTS / BENEFICIARIES

307 Recipient's name, Family name, if natural person		308 First names, if natural person							
Address in the country of tax residence (Not the address in Finland.)									
309 Street address		310 Postal code							
311 Municipality		083 Finnish Personal ID	021 Date of birth						
313 Tax Identification Number of residence country TIN, personal ID or business ID (not Finnish)		341 Country code of residence country	084 Type of payment						
317 Gross pay amount as basis for taxes	€	c	318 Taxes withheld	€	c	321 Deduction for tax at source	€	c	
324 Health insurance premium	€	c	246 Non-cash dividend distribution paid as		247 The company's Business ID, if shares were distributed				
		<input type="checkbox"/> shares	<input type="checkbox"/> other than shares						
248 Dividends, other than shares, paid in the form of		254 Gross amount of dividends paid in cash		€	c	255 Value of the non-cash dividends		€	c

To facilitate optical character recognition (OCR), please only submit original forms. Photocopies are not OCR-compatible.
To facilitate optical character recognition (OCR), please write the Business ID / Personal ID of the payer and the year of payment on every page.
Instructions: tax.fi/forms

Send the completed forms to:
OCR service of Annual Information Returns
(Vuosi-ilmoitusten optinen lukupalvelu)
PO Box 300
FI-00052 VERO