

Send completed form to:
Finnish Tax Administration
OCR of self-assessed tax returns
PO Box 5000
00053 VERO



SELF-ASSESSED TAX RETURN

If you are correcting an earlier filing, please resubmit the entire section, e.g. the entire VAT section with correct amounts in full.

Do not send any enclosures with this tax return.

| | |
|---|---------------------------------------|
| Taxpayer's name (VAT-liable party's name) | Business ID or personal identity code |
| | |

VALUE ADDED TAX

| Tax period | Year | | € | c |
|--|------|--|---|---|
| | | | | |
| | | | | |
| Tax on domestic sales by tax rate | | | | |
| 24 % tax | | | | |
| 14 % tax | | | | |
| 10 % tax | | | | |
| Tax on goods purchased from other EU Member States | | | | |
| Tax on services purchased from other EU Member States | | | | |
| Tax on imports of goods from outside the EU | | | | |
| Tax on purchases of construction services and scrap metal (reverse charge) | | | | |
| Tax deductible for the tax period | | | | |
| Amount of VAT relief | | | | |
| Tax payable | | | | |
| Negative tax that qualifies for refund (-) | | | | |

| | € | c |
|---|---|---|
| Turnover taxable at zero VAT rate | | |
| Sales of goods to other EU Member States | | |
| Sales of services to other EU Member States | | |
| Purchases of goods from other EU Member States | | |
| Purchases of services from other EU Member States | | |
| Imports of goods from outside the EU | | |
| Sales of construction services and scrap metal (reverse charge) | | |
| Purchases of construction services and scrap metal (reverse charge) | | |

| For taxpayers within the VAT relief scheme | | |
|--|---|---|
| | € | c |
| Turnover that qualifies for VAT relief | | |
| Tax that qualifies for VAT relief | | |

40011

REASON FOR CORRECTION

Fill in only if you are correcting previously filed information.

| | |
|---|---|
| <input type="checkbox"/> Miscalculation/entry error | <input type="checkbox"/> Guidance received during tax audit |
| <input type="checkbox"/> Change in legal praxis | <input type="checkbox"/> Error in interpretation of the law |

LEAVE THIS PAGE BLANK IF YOU ONLY REPORT DETAILS ON PENSIONS, SOCIAL BENEFITS OR OTHER SELF-ASSESSED TAXES.

| | | |
|------|----------------------------|-----------|
| Date | Signature and printed name | Telephone |
| | | |

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| | |
|--------------------------------|---------------------------------------|
| Taxpayer's name (Payer's name) | Business ID or personal identity code |
| | |

PAID PENSIONS AND SOCIAL BENEFITS

This form is only for reporting the benefits not reportable to the Incomes Register and paid after 1 January 2021, and for submitting information on pensions that a natural person pays to a pensioner. Employer's contributions relating to wages and "trade income", paid after 1 January 2019, must be reported to the Incomes Register.

| Tax period | Year | | Paid benefits taxable at source | € | | c |
|--|------|---|---------------------------------------|---|--|---|
| | € | c | | | | |
| Pensions and benefits subject to withholding | | | | | | |
| Tax withheld | | | Tax withheld at source | | | |

40012

INFORMATION ON OTHER SELF-ASSESSED TAXES

Enter the code (only number) for the type of tax, the tax period and year, and the amount of tax payable. The codes are:

- 10 Lottery tax
- 16 Tax on insurance premiums
- 24 Amount withheld from purchase price for timber (reported by the buyer)
- 68 Amount withheld from interest and shares
- 92 Amount withheld from dividends and cooperative surplus
- 39 Tax withheld at source from dividends and cooperative surplus (paid to nonresidents)
- 69 Tax withheld at source from interest income (paid to nonresidents)
- 84 Tax withheld at source from interest income (of residents)

| Tax type code | Tax period | Year | Tax payable | |
|---------------|------------|------|-------------|---|
| | | | € | c |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

LEAVE THIS PAGE BLANK IF YOU ARE NOT REPORTING DETAILS ON PENSIONS, SOCIAL BENEFITS OR OTHER SELF-ASSESSED TAXES.

| | | |
|------|----------------------------|-----------|
| Date | Signature and printed name | Telephone |
| | | |