

Application Special income	tax o	'n	non-residents
Special income		/11	non-residents
Date	`	Year	paid out

This form is available at www.skatteverket.se

This form is intended for persons who are not residents of Sweden and who, for example,

are staying in Sweden for a period shorter than six months or on board a Swedish merchant vessel
receive a pension from Sweden
have a daily commute to Sweden for work

If the Swedish personal identity number/co-ordination number is missing, a copy of a passport or other identification document must be enclosed.

Application relates to

SINK

Mariner SINK

Vessel's name

Applic	ant								
Surname					The Swedish Tax Agency's notes				
Date of b	oirth or Swedisl	h personal id	lentity number/co-ordi	nation number		1			
Year	Month	Day	Number						
Previous	surnames	L	I			Tax Identificat	ion in the home	country	
All first/m	niddle names					Male		Female	
Address	in Sweden					Profession		-	
Stay in S	weden				Previous stay in S	weden in the las	t 12-months		
from			until						
Citizensh	nip		L		Country of resider	nce			
Permane	ent address in t	he country o	f residence						

Income (not including pension)

Employer's name, address and e-mail address				The Swedish Tax Age	ency's notes
				Corporate Identity Nu	mber
				Telephone number	
Wage payer	iding reimbursemen	t), SEK	Compensation for trav and accommodation i in the remuneration)	vel to and from Sweden n Sweden (not included	
Period of employment/assignment	Nature of the work			Daily commute	Cross borders
from until					
				Yes	Yes
Is the work done 100% in Sweden? Name the muni	cipality(-ies)	Is the work 100% abroad?	Name the cour	try(-ies)	
Yes		Yes	Name the second	- t	
Is the work carried out both in Sweden and abroad?	cipality(-ies)		Name the cour	ntry/countries	
Yes					

The Swedish Tax Agency's notes

Year paid out

Certificate for trainees

Certificate from an employer which indicates the nature of work.		icate from an educational institution which indicates the nature of es, educational programme or subject combination must be attached.
Previous traineeship in Sweden during the income year		Wage, SEK
Employment period		

Income from pension

When did you leave Sweden? Please state the point in time as well as the municipality you lived in prior to leaving				
Leaving date	Municipality			
Pension provider by (name and address)		Type of pension		

Other income from Sweden

Payment issuer's name and address	
Amount. SEK	The payment relates to

Other information and claims

Signature

Signature	Name, address, telephone number and e-mail address of counsel, where applicable
E-mail address	
Telephone number, daytime	