

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

<input type="checkbox"/> SINK	<input type="checkbox"/> Mariner SINK	Vessel's name
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Applicant

Surname				The Swedish Tax Agency's notes	
Year	Month	Day	Number		
Date of birth or Swedish personal identity number/co-ordination number					
Previous surnames				Tax Identification in the home country	
All first/middle names				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address in Sweden				Profession	
Stay in Sweden from			until	Previous stay in Sweden in the last 12-months	
Citizenship			Country of residence		
Permanent address in the country of residence					

Income (not including pension)

Employer's name, address and e-mail address				The Swedish Tax Agency's notes	
				Corporate Identity Number	
				Telephone number	
Wage payer		Wage/remuneration (including reimbursement), SEK		Compensation for travel to and from Sweden and accommodation in Sweden (not included in the remuneration)	
Period of employment/assignment from		until		Nature of the work	
				Daily commute Cross borders <input type="checkbox"/> Yes <input type="checkbox"/> Yes	
Is the work done 100% in Sweden?		Name the municipality(-ies)		Is the work 100% abroad?	
<input type="checkbox"/> Yes				<input type="checkbox"/> Yes	
Is the work carried out both in Sweden and abroad?		Name the municipality(-ies)		Name the country/countries	
<input type="checkbox"/> Yes					

The Swedish Tax Agency's notes

Certificate for trainees

<input type="checkbox"/> Certificate from an employer which indicates the nature of work.	<input type="checkbox"/> Certificate from an educational institution which indicates the nature of studies, educational programme or subject combination must be attached.
Previous traineeship in Sweden during the income year Employment period	Wage, SEK

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
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Other income from Sweden

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

Other information and claims

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Signature

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