

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 passport or national ID-card proving your identity, must be enclosed.

Application

	S	pecial	income	tax for	non-residents
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Date	Year paid out			

- Enclose a work permit i Switzerland	if you are from a country out	side EEA or	Please n payer.	note that yo	ou need to	fill a sepa	rate form for each	
Application relat	tes to income fron	n						
Employment in private sector	Pension	Seafa	rer	Emplo public	yment in sector	Other		
Date of birth or Swedis coordination number						h personal identity number/		
Applicant				Year	Month	Day	Number	
Surname					<u> </u>			
Previous surnames						1		
Frevious surnames						Male	Female	
All first/given names						Telephone	number, daytime	
Address in Sweden								
Profession								
Tax identification number/	/TIN-number - in your countr	y of residence						
E-mail address								
Birthplace and country			Citizenship)				
			from			until		
Stay in Sweden			from			until		
Previous stay in Swede	en during the last 12-mont	ths	1			, arran		
l	1		on this dat	е				
I moved from/left Swed Permanent address in the								
Country of residence								
Country of residence								
Income payer								
Income payer's name						Corporate	Identity Number	
Address								
E-mail address						Telephone	number	
						· ·		
Do you have a fo	reign employer but perf	form your work	in Sweder	n for a Swe	dish clien	nt (hired la	nor\?	
Please, state the Swedish		John your Work	Owede		GISTI CHEL		Identity Number	
Have/Will you be staying in	n Sweden more than 183 days	s during a period of	12 months?	Is you emp	loyer/payer'	 s company e	stablished in Sweden	
Yes	No			Yes		No		
Payer (foreign employer)	corporate identity number in	the country of orig	jin	•				

Date of birth or Swedish personal identity number coordination number							
Year	Month	Day	Number				

Year

Employment income		L				
Period of employment/assignment		Do you recei	ve compens	sation for tra	avel to and from Sweden and	
6	Long	accomodatio	n in Swedei	n? Please a	inswer YES or NO.	
from	until	Yes		No		
Kind of work or assignment		If you receiv	ve reimh u	rsement c	of expenses (for example car	
					dition to salary for work or	
		assignment	i, you must	state the	type of reimbursement under	
		Additional	information	on, below.		
Commuters	Yes	Border cros	ssers	Yes, reside	enclose a certificate of ence	
Where is work/task cond	lucted?	· ·				
Only in Sweden (name of the Swedish municipality(-ies))	Sweden and abroad (name of the Swedish municite the country(-ies))	pality(-ies) and	name of	Only (name	abroad e of the country(-ies))	
Name of the Swedish municipalit	y(-ies)					
Name of the country(-ies)						
Pension						
Felision						
Type of pension (Note th	at you need to fill a separate fo	rm for each	payer)			
Public pension	Private pension scheme	Pensi	on savings	account		
Occupational pension d	ue to employment in public sector	Occup sector	pational pe	nsion due	to employment in private	
Other:						
Seafarer income						
Vessel's name						
Other income from S	Sweden					
Amount, SEK		The paymen	t relates to			
<u> </u>				. (01) 110		
Additional information that yo www.skatteverket.se	al income tax instead of Special inc u would like to be taxed under the	come tax for i	non-reside Act. More i	nts (SINK) nfo on our	i. In that case, add under website	
Additional information	on					
Applicants signature	•					
Signature		Name in bloo	ck capitals			
Contact manager if any						
Contact person, if an Name and address	ıy					
Ivaille allu auuless						
E-mail address					Telephone number	

web 02

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