

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.

- Enclose a work permit if you are from a country outside EEA or

## **Application**

## Special income tax for non-residents

Date	Year paid out		
	2025		

Please note that you need to fill a separate form for each

Switzerland			payer.			·	
Application rola	itos to incomo fi	rom					
Application rela  Employment in	Pension	Seaf	arer	- Emplo	yment in	Othe	r
private sector	I ension	Jean	aiti	public	sector	Other	
						h personal id	dentity number/
				coordination Year	Month	Day	Number
<b>Applicant</b>							
Surname							
Previous surnames						Male	Female
All first/given names							number, daytime
Address in Sweden							
Profession							
Tax identification number	r/TIN-number - in your co	untry of residence					
E-mail address							
Dirthologo and country			Citizonobi	<u> </u>			
Birthplace and country			Citizenshi	þ			
Stay in Swoden			from			until	
Stay in Sweden			from			until	
Previous stay in Swed	en during the last 12-m	nonths	1 4: 1				
I mayad from/laft Swaa	don		on this da	te			
I moved from/left Swed Permanent address in the							
Country of residence							
Income payer							
Income payer's name						Corporate	Identity Number
Address							
E-mail address						Telephone	number
						1	
Do you have a fo	oreign employer but բ	perform your work	in Swede	n for a Swe	dish clier	nt (hired la	bor)?
Please, state the Swedis		<u>-</u>					Identity Number
Have/Will you be staying i	n Sweden more than 183	days during a period o	of 12 months	? Is you emp	oyer/payer	's company e	established in Sweden
Yes	No			Yes		No	
Payer (foreign employer)	corporate identity number	er in the country of ori	gin	•			

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

Employment income	Emp	lov	men	t in	CO	me
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Period of employment/assignment		Do you receive compensation for tra accomodation in Sweden? Please a	vel to and from Sweden and		
from	until		iswel 123 of NO.		
		Yes No			
Kind of work or assignment		If you receive <b>reimbursement o</b> remuneration or per diem) in add assignment, you must state the <b>Additional information</b> , below.	dition to salary for work or		
Commuters	Yes	Border crossers Yes, e reside	enclose a certificate of ence		
Where is work/task conduction	cted?				
Only in Sweden (name of the Swedish municipality(-ies))	Sweden and abroad (name of the Swedish municip the country(-ies) )	ality(-ies) and name of Only a	abroad of the country(-ies))		
Name of the Swedish municipality(-	ies)				
Name of the country(-ies)					
Pension					
Type of pension (Note that	you need to fill a separate for	m for each payer)			
Public pension	Private pension scheme	Pension savings account			
Occupational pension due	to employment in public sector	Occupational pension due sector	to employment in private		
Other:					
Seafarer income					
Vessel's name					
Other income from Sw	veden				
Amount, SEK		The payment relates to			
You can choose to pay normal income tax instead of Special income tax for non-residents (SINK). In that case, add under Additional information that you would like to be taxed under the Income Tax Act. More info on our website www.skatteverket.se					
Additional information	1				
Applicants signature					
Signature		Name in block capitals			
Contact person, if any					
Name and address					
E-mail address			Telephone number		

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