

## This is instructions for applying if you DONT have the Civic number nor Co-ordination number

Swedish Civic number is the same as Swedish Personal Number  
Swedish Co-ordination number is the same as Swedish Tax Number  
The difference is that 60 is added on your DD of birth  
EX: YYMM10-NNNN = YYMM60-NNN  
So if you have 60 added on your number it's a co-ordination number

# Notification of preliminary income tax (Swe: A-skatt)

Fields marked with a \* are mandatory

- 1** Income year  
Which year are you applying for? \*  
 ▾ **Choose the year of income**
- 2** Your personal information
- 3** Your stay in Sweden
- 4** Information regarding the work in Sweden
- 5** Other information
- 6** Contact person or agent
- 7** Submit

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## Your personal information

Please enter the information for the person that the application is for. If the application has a different contact person, please enter that information further down in the application.

All first names \*



**Enter your first name(s) as stated in passport/ national ID**

**! This field is mandatory**

Last name (surname) \*

**Enter your last name as stated in passport/ national ID**

I do not have a last name (surname)

Previous last name



**This is not mandatory**

Date of birth \*

YYYY-MM-DD

**As it says**

Do you have a Swedish civic registration number (Swe: personnummer) or a Swedish co-ordination number (Swe: samordningsnummer)? \*

Swedish civic registration number

Swedish co-ordination number

I do not have a Swedish civic registration number nor a Swedish co-ordination number

Gender \*

Male

Female



Country of birth \*

**As it says**

Place of birth \*

**What city was you born?**

What is your nationality? \*

Please enter your citizenship (nationality). If you have several, select "Add more citizenships"

**As it says**

Add citizenship

Telephone number

**Not mandatory but good if you enter**

Email address

**Not mandatory but good if you enter**

## Just follow instructions depending on what you choose!!!

**Please append a passport or an national identity card. \***

You must enclose a copy of your passport. If you do not have a passport, you can attach a copy of your national identity card.

Keep in mind that the quality of the copy must be good.

**Passport:** Attach a copy of the entire page of the passport where you have your photo.

The photo and all other information must be clearly visible. Preferably the copy of the passport is in color.

**National identity card:** Attach a copy on the entire front and the entire back.

The photo and all other information must be clearly visible. Preferably the copy of the national identity card is in color.

 Select a file

Choose files by clicking here or dragging them here

**This page is for choosing YES,  
if NO, see the next page**

**Do you have an address of your own, a friend etc in sweden choose yes and enter the address.  
You could use the company address as a correspondence address, NOT RECOMMENDED**

**Do you have an postal address in Sweden? \***

Yes

No

### Residential address in Sweden

Please enter the address that you will be receiving mail at

Care Of-address (C/O) 

Address/street and any suite number \*

Postal number (ZIP Code) \*

City \*

Do you have a post address outside of Sweden? \*

Yes

No

### Address outside of Sweden

Address \*

Country \*

**Enter your home address in your country**


**Don't forget your country**

**This page if the answer is NO and/ or want the post go to your home address in your country**

Do you have an postal address in Sweden? \*

Yes

No

In which municipality will you be staying? \* 

Borås

**You need to Choose this city**

### Residential address in your country of residence

The country of residence is the country that you are normally resident in.

Address \*

**STREET**

**ZIP CODE**

**CITY**

**Enter your home address in your country**

Country \*

Select country

**Don't forget your county**

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### Your stay in Sweden

#### Time period of stay \*

Please enter the staying period for the year that the notification is for. If you have traveled to Sweden during the previous year to the year that the notification is for, and have not exited Sweden, please enter the most recent entry into Sweden.

#### Time period of stay (From - To)

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Until further notice
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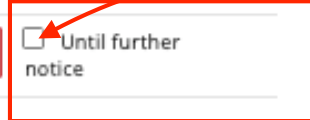
Add period

Next

Start date is first day at work

SKIP THIS AND...

MARK THE BOX INSTEAD



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## Information regarding the work in Sweden

### Information regarding your employer

Do you have a Swedish or foreign payer? \*

Swedish

Foreign

Name of the employer/payer \*

Cervix Sverige AB

Organization number \* ?

NNNNNN-NNNN or NNNNNNNNNN

559040-4215

Does the employer/payer have an address in Sweden? \*

Yes

No

Care Of-address (C/O) ?

Address/street and any suite number \*

Stormgatan 3

Postal number (ZIP Code) \*

50464

City \*

Borås

Email address

Telephone number \*

010-750 06 85

### Information on the work

When does your employment start? \*

YYYY-MM-DD



Enter the date for 1st day of work

enter all data as stated in the fields.

Next

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### Other information

Is there anything that the Swedish Tax Agency needs to be aware of when processing your notification?

If you are working as a cross-border commuter (you live in a border municipality in either Norway or Finland, and work in a border municipality in Sweden) and commute weekly from Finland or Norway and wish to adjust your tax deduction, you should state that. You should then specify your overnights spent in Sweden, as well as appending a certificate of tax residency.

### Other information

### Append other information

 Select a file

Choose files by clicking here or dragging them here

Next



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## Contact person or agent

The Swedish Tax Agency will communicate with the person that the application is in reference to. If you prefer that we communicate with another party, you can add a contact person or agent. We will then contact the contact person or agent if we have questions when processing the application.

### Contact person

Name \*

johan Hallin

Does the contact person or agent have a Swedish address? \*

Yes

No

Care Of-address (C/O) ?

Address/street and any suite number \*

Vämmedalsvägen 56

Postal number (ZIP Code) \*

42831

City \*

Källered

Email address \*

johan.hallin@cervix.se

Telephone number \*

073-510 98 55

Remove

Next

If you want to use me as a contact person enter the data as stated in the fields.

If not enter the data for someone else

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Contact person or agent

The Swedish Tax Agency will communicate with the person that the application is in reference to. If you prefer that we communicate with another party, you can add a contact person or agent. We will then contact the contact person or agent if we have questions when processing the application.

**Agent**

Name \*

Does the contact person or agent have a Swedish address? \*

- Yes
- No

Care Of-address (C/O) ?

Adress/street and any suite number \*

Postal number (ZIP Code) \*

City \*

Email address \*

Telephone number \*

Remove

Next

## Notification of preliminary income tax (Swe: A-skatt)

Fields marked with a \* are mandatory

<input checked="" type="checkbox"/>	Income year	▼
<input checked="" type="checkbox"/>	Your personal information	▼
<input checked="" type="checkbox"/>	Your stay in Sweden	▼
<input checked="" type="checkbox"/>	Information regarding the work in Sweden	▼
<input checked="" type="checkbox"/>	Other information	▼
<input checked="" type="checkbox"/>	Contact person or agent	▼
<input checked="" type="checkbox"/>	Submit	

Submit

**If everything is stated correctly it will look like this.  
Click the "SUBMIT"**

### **IMPORTANT!!!**

**After submitting you MUST download the PDF, save it on your computer/ tablet/ phone.  
You need this to upload to the application form later on since there is a receipt number  
which we need for ordering your ID06 card.**