



Please send the form to

Försäkringskassans inläsningscentral

839 88 Östersund

Complete this form if you have had/or will have a changed income since you began working with sliding deduction.

**1. Information about you**

First name(s) and last name		Personal ID no. (12 digits)
Postal address	Postal code and city	

**2. Complete this if you still are working and have had a change of income**

My income has changed from _____   Date	
Complete this if the information about your employer/your own company has changed	
Name of employer/own company	Telephone, including area code
Street, Town/City, postal code and country	

**3. Complete this if you are going to stop/have stopped working**

<input type="checkbox"/> I will stop working on _____   date
<input type="checkbox"/> I stopped working on _____   date

**4. Information about changed income**

Complete this form with the new calculated income for the period since you began working with sliding deduction, until and including 31 December of the same calendar year.

All income upon which pension can be based shall be included, even small or temporary income. For instance, this income can derive from salary, income from private enterprise, disability allowance, income from the position of executor, contact person or escort, inheritance of a family home, fees for political assignments and/or assignments in associations or directorships.

You are not to include sickness compensation, minimum level parental benefit, occupational injury annuity, care allowance, or income derived from capital.

<input type="checkbox"/> Income from Sweden	New calculated income (Swedish kronor), before tax
<input type="checkbox"/> Income from a country other than Sweden	New calculated income in that country's currency, before tax
	Currency in the country from where you have income

**5. Additional information**

	<input type="checkbox"/> Additional information provided separately
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**6. Signature**

I declare upon my honour that the information in this form is correct and complete. If the information changes, I must notify Försäkringskassan.		Telephone number daytime, including area code
I am aware that it is an offence to provide incorrect information, to withhold any information or not notify Försäkringskassan if the information I have provided changes.		Telephone number evening, including area code
Date	Signature	

Read more about how Försäkringskassan processes personal data at [forsakringskassan.se](http://forsakringskassan.se).