



Please send the form to
Försäkringskassans inläsningscentral
839 88 Östersund

Complete this form if you work with sliding deduction and you have had or will have a change of income in the course of the year.

Available as e-service at My pages

1. Applicant

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

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

My income has changed from _____ date	
Fill this in 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. Fill this in if you are going to stop/have stopped work

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

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4. Information about changed income

Give your new calculated income for the entire period since you began working up to and including 31 December of that year. For example, this means that if you started working with sliding deduction on 1 April and your income changed in October, you need to work out your income for the period from April up to and including 31 December of that year.

If you will be turning 65 during that year, you only need to include your income up to and including the month before your birthday.

Include all income on which your pension will be based, such as:

- pay including holiday allowance
- sickness allowance
- income from your own company
- income from a position as a trustee, a contact person or escort
- industrial injuries insurance, for example from AFA or Fora
- fees for political commissions or commissions in governing boards or associations.

If you receive any income from abroad, you must include all income on which your pension in Sweden would have been based.

Do not include sickness benefit, parent's allowance at the minimum rate, annuity, childcare allowance or child carer's allowance from Försäkringskassan. You should also not include income from capital, whether you work in Sweden or abroad.

4.a Fill this in if you have income from Sweden

	kronor before tax
New calculated	

4.b Fill this in if you have any income from abroad

	amount before tax	Currency
New calculated		

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.

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.

Date	Signature	Telephone number
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Read more about how Försäkringskassan processes personal data at forsakringskassan.se.