



THE BUSINESS  
INFORMATION SYSTEM



For official use

## START-UP NOTIFICATION

Limited companies, co-operatives, savings  
banks, foundations, associations and other  
organisations

Y1

This form is for having your enterprise entered in the Trade Register, Foundation Register, VAT Register, Prepayment Register, Employer Register and the Register of payers of tax on insurance premiums.

Please, send the completed form to: PRH - Verohallinto, Yritystietojärjestelmä, PL 2000, 00231 HELSINKI

|  |  |
|--|--|
| <b>Name of enterprise or organisation</b>  |  |
| Company Name (treated as a suggested name until the Trade Register has approved it)                  | Language   |
| Project A  | <input checked="" type="checkbox"/> Finnish <input type="checkbox"/> Swedish |
| Alternative Company Name 2   | Alternative Company Name 3   |
|  |  |
| <b>Requesting registration in</b> (complete pp. 3–4 to give details to the Tax Administration)       |  |
| <input checked="" type="checkbox"/> The Trade Register<br>(enclose receipt proving you paid the fee) | <input type="checkbox"/> Register of Foundations                             |

### Trade register: Accelerated processing request (does not apply to changes of addresses and contact details).

We normally process the completed application forms on a first come, first served basis. **Exceptions can only be made for a valid reason.** Requests for accelerated processing cannot always be granted.

☐ Tick this box if you are asking for registration by a desired date. **Note:** enclose a separate letter to give your reasons for this.

|                 |                                       |
|-----------------|---------------------------------------|
| <b>Domicile</b> |                                       |
| Municipality    | Country of residence (if not Finland) |
| Helsinki        |                                       |

|  |   |
|--|---|
| <b>Other company names</b> (fill in if needed)                           |   |
| Parallel names (translations of the company name into foreign languages) |   |
|  |   |
| Auxiliary Name   | Description of activities under this Auxiliary Name |
|  |   |
| Auxiliary Name   | Description of activities under this Auxiliary Name |
|  |   |

|   |             |             |              |             |              |              |
|---|-------------|-------------|--------------|-------------|--------------|--------------|
| <b>Address information for public use at PRH and the Finnish Tax Administration</b> (postal or street address is mandatory) |             |             |              |             |              |              |
| Postal address (street or road)   | Building no | Entrance no | Apartment no | PO Box no   | Postal code  | Town or City |
| Stenbakantie  | 7           |             | B            |             | 02780        | Espoo        |
| Street address (street or road)   | Building no | Entrance no | Apartment no | Postal code | Town or City |              |
| Stenbakantie  | 7           |             | B            | 02780       | Espoo        |              |
| e-mail  | Telephone   |             |              | Website     |              |              |
| benedikt.benz@metropolia.fi   |             |             |              |             |              |              |

The accounting period begins on the day the company is established, or the day when business in Finland is started (foreign companies). If you conducted business prior to the date or if you are registering an Association, see the guidance for completing this form.

|  |            |  |            |
|--|------------|--|------------|
|  | dd.mm.yyyy |  | dd.mm.yyyy |
| Date of establishment or start date of business in Finland | 11.09.2017 | End date of the first accounting period (max. 18 months) | 15.12.2017 |

The next accounting period (length = one year) starts automatically after the first.

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|   |             |
|---|-------------|
| <input type="checkbox"/> The company is to continue the trade or business of the previous company (e.g. a private trader becomes a limited partnership), see instructions. Complete the Personal Data Form. |             |
| Name of the previous company  | Business ID |
|   |             |

|   |   |   |   |   |
|---|---|---|---|---|
| <b>Main sector (line of business) to be declared to Tax Administration</b> (five-digit TOL 2008 code. For more information, visit website of Statistics Finland.) |   |   |   |   |
| 0   | 2 | 7 | 8 | 0 |

|  |  |   |
|--|--|---|
| <b>Type of enterprise</b> (Please complete the mandatory appendix form applicable to your enterprise)                |  |   |
| <input checked="" type="checkbox"/> Limited company (private limited company)  | <input type="checkbox"/> Co-operative  | <input type="checkbox"/> Branch of a foreign enterprise   |
| <input type="checkbox"/> Housing company   | <input type="checkbox"/> Foundation  | <input type="checkbox"/> Foreign company                  |
| <input type="checkbox"/> Public limited company  | <input type="checkbox"/> Association _____<br><small>Register of Associations no.</small>  | <input type="checkbox"/> Other type, please specify _____ |
| <b>Enclosures: select at least one, as appropriate for your legal entity form</b>                                    |  |   |
| <input checked="" type="checkbox"/> <b>1</b> Limited company or public limited company                               | <input type="checkbox"/> <b>5</b> Right-of-occupancy association, resident administered area, European economic interest grouping or branch of an interest grouping located in Finland but registered in another country, mortgage society savings bank or state public enterprise |   |
| <input type="checkbox"/> <b>1B</b> Housing company or insurance company or public insurance company                  | <input type="checkbox"/> <b>11A</b> Foundation (under Act 487/2015 on Foundations)   |   |
| <input type="checkbox"/> <b>2</b> Cooperative or cooperative bank  | <input type="checkbox"/> <b>12</b> Association   |   |
| <input type="checkbox"/> <b>3</b> Branch of a foreign enterprise   |  |   |
| <input type="checkbox"/> <b>4</b> Mutual insurance company, public mutual insurance company or insurance association |  |   |
| <b>Enclosures for the Tax Administration</b>   |  |   |
| <input type="checkbox"/> <b>6204</b> Registration of a foreign enterprise  | <input type="checkbox"/> <b>6208</b> Registration of a real estate company; Registration of a housing company  |   |

|   |                             |              |
|---|-----------------------------|--------------|
| <b>Who can provide further information about this notification; an individual, an accounting firm etc.?</b> |                             |              |
| Name  |                             |              |
| Benedikt Benz   |                             |              |
| Postal address  | Postal code                 | Town or City |
| Stenabackantie 7  | 02780                       | Espoo        |
| Telephone   | e-mail                      |              |
|   | benedikt.benz@metropolia.fi |              |

|                           |                            |                 |
|---------------------------|----------------------------|-----------------|
| <b>Date and signature</b> |                            |                 |
| Date                      | Signature and printed name | Telephone       |
| 05.09.2017                |                            | 004915229590972 |

For a legal statement regarding the use of stored personal data, as required by §24, Personal Data Act, visit [ytj.fi](http://ytj.fi) or contact the National Board of Patents and Registration / Tax Administration.

**INFORMATION FOR THE TAX ADMINISTRATION****Postal address to be given to the Tax Administration use only** (unless it is the same as on Page 1)

|                                 |             |             |              |           |             |              |
|---------------------------------|-------------|-------------|--------------|-----------|-------------|--------------|
| Postal address (street or road) | Building no | Entrance no | Apartment no | PO Box no | Postal code | Town or City |
|                                 |             |             |              |           |             |              |

|   |                                  |  |                    |
|---|----------------------------------|--|--------------------|
| <b>Registration for VAT</b>   | as of (dd.mm.yyyy)<br>11.09.2017 | <b>Exclusion from VAT</b><br>(please attach a statement of the grounds)  | as of (dd.mm.yyyy) |
| <input checked="" type="checkbox"/> Trade or business<br><input type="checkbox"/> Purchases; withdrawal of goods for own use<br><input type="checkbox"/> Notification obligation for sales of services in the EU<br><input type="checkbox"/> Primary producer   |                                  | Justification that the company does not consider itself liable for VAT<br><input type="checkbox"/> Small-scale business (§3, VAT Act, €10,000)<br><input type="checkbox"/> Healthcare services (§34, VAT Act)<br><input type="checkbox"/> Social services (§37, VAT Act)<br><input type="checkbox"/> Instructor services (§39, VAT Act)<br><input type="checkbox"/> Financial and insurance services (§41, §44, VAT Act)<br><input type="checkbox"/> Non-profit/religious entity (§4-5, VAT Act)<br><input type="checkbox"/> Fees to performing artist or royalties (§45, VAT Act)<br><input type="checkbox"/> Real property right (§27, VAT Act)<br><input type="checkbox"/> Other non-VAT operations, please specify:<br>_____ |                    |
| <b>VAT taxpayer status is requested</b>   | as of (dd.mm.yyyy)               |  |                    |
| <input type="checkbox"/> For the transfer of rights to use immovable property (under §12 and §30, VAT Act. Rental contract - or other account of the rental property and tenant - must be enclosed.)<br><input type="checkbox"/> Small-scale business operator (§3, VAT Act, €10,000)<br><input type="checkbox"/> For intra-Community acquisitions (§26 f, VAT Act)<br><input type="checkbox"/> Primary producer<br><input type="checkbox"/> Non-profit/religious entity (§12.1, VAT Act) |                                  |  |                    |

|  |                                  |
|--|----------------------------------|
| <b>Requesting entry in the Prepayment Register</b> (§25, Prepayment Act)<br>(Earliest possible date of registration is the date of arrival of the completed form.) | as of (dd.mm.yyyy)<br>11.09.2017 |
| <b>Registering as an employer paying wages on a regular basis</b>  | as of (dd.mm.yyyy)<br>11.09.2017 |

|   |   |
|---|---|
| <b>Tax period of self assessed taxes</b><br>If turnover (=net sales) does not exceed €100,000 per year, you have the option to report and pay VAT, payroll withholding, employer's social security and source tax in quarter-year periods. If it does not exceed €30,000, VAT can be filed and paid by calendar year, and other self-assessed taxes quarterly. Please note that 'turnover' also includes the company's foreign selling. |   |
| <input checked="" type="checkbox"/> Sales for calendar year is €30,000 max.<br><input type="checkbox"/> Sales for calendar year is higher than €100,000   | <input type="checkbox"/> Sales for calendar year is from €30,001 to €100,000  |
| Desired length of tax period -- VAT<br><input type="checkbox"/> year<br><input checked="" type="checkbox"/> quarterly<br><input type="checkbox"/> monthly   | Desired length of tax period -- employer contributions<br><input checked="" type="checkbox"/> quarterly<br><input type="checkbox"/> monthly |
| The Tax Administration will decide on the length of the period and inform you in writing.   |   |



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|   |                    |
|---|--------------------|
|   | as of (dd.mm.yyyy) |
| Registrering as liable to pay tax on insurance premiums |                    |

[illegible]