

## **TAKS Payment Agreement** Business

Please complete the fields below

		T
Name:		V-tal:
Address:		
E-mail:		
2. This payment agreement	applies to the following accou	unt linked to the above v-tal
Registration no.:	Account no.:	
Please note: The account numb agreement to be created.	per must be connected to the v-ta	al (VAT no.) in order for the payment
3. The payment agreement	concerns one or several of the	e following:
Parental benefit fee Labour market supplemental pension contribution (Barsilsgjald) (Arbeiðsmarknaðareftirlønargjald)		
(Barsilsgjald)	(Arbeiðsmarknaðareftirlønarg	
	(Arbeiðsmarknaðareftirlønarg  Company tax (Partafelagsskattur)	
(Barsilsgjald)  Broadcast receiver license (Kringvarpsgjald)	Company tax	Absence payment
(Barsilsgjald)  Broadcast receiver license (Kringvarpsgjald)  Capital gains tax (Kringvarpsgjald)	Company tax	Absence payment (Karensgjald)

This application form can contain sensitive information, so keep safety in mind

Submit the application form to TAKS via secure email to <a href="mailto:taks@taks.fo">taks@taks.fo</a> or by other secure means.

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