



Unntatt offentlighet Jf. offl. § 13 (1), jf. sktbl. § 3-2

Send this form to: Nordmøre Kemnerkontor Pb 178 6501 Kristiansund

kemneren@kristiansund.kommune.no

## **COMPLAINTFORM MISSING WITHHELD TAX**

(withholding tax not declared by the employer)

Regarding the year

1. Details about the employee				
Employee's surname	First name		Norwegian ID number/D-number	
Phone		E-mail		
Street address				
Postal code	Area/town			

2. Details about the employer			Note! You must fill out one form for each employer		
Employer's name Ma		Manag	er/contact person	Organisation number	
Employer's postal add	Employer's postal address (P.O. box)				
Postal code	Area/town		Employer's street/visitor address		
Phone			E-mail		

3. Details about your salary and the missing withheld tax (specify further in a separate attachment)					
Period <i>Year</i>	Total gross salary Amount (NOK)		Total withheld tax Amount (NOK)	Total net salary Amount (NOK)	Did you give your employer a tax withholding card? (yes/no)
How did you receive your salary? If you receive your salary?   Bank account In cash			] ount did you receive, who paid you	I and when did you receive	
Duration of employment (start and finish date)					
When did you receive your   Which amount is reported in your tax declaration?     last salary? (date)   Issue the salary?					



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4.	Docur	mentatior	Answer the questions below and attach a copy of the required documents			
	Do you	have the foll	owing documents for the year/period you are complaining about?			
Yes	No	Copy attached				
			Salary slips or paycheck			
			Contract of employment			
			Certificate of pay or withheld tax			
			Bank statements (highlight the payments from your employer)			
			h can verify your employment, agreed salary, received salaries and the withheld tax amount (e.g. mployer, tax withholding card or annual return form)			
Copy attached						
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5.	Supplementary notes (may also be written in separate attachment)

Number of attachments

Date

Place