

事業所の皆様へ

給与支払報告書の提出について(お願い)

宮崎県西都市 税務課

令和7年中に給与(給料、賃金、賞与、俸給など)を支払った従業員(パート、アルバイト、役員や事業専従者等含む)のうち、次の①②いずれかに該当する全員について、**給与支払額の多少にかかわらず**提出してください。

①令和8年1月1日現在、西都市に住所を有する方

②退職者のうち、退職日現在で西都市に住所を有する方

【注意事項】

○事務処理の関係上、**ホチキス留め**はご遠慮ください。

○給与支払報告書(個人別明細書)は**1人につき1枚**提出してください。(副本不要)

○給与支払報告書提出後、**訂正が生じた場合は**、給与支払報告書(総括表)及び給与支払報告書(個人別明細書)に「**訂正分**」と朱書きして、再度提出してください。

○給与支払報告書提出後、**退職・休職・転勤等が生じ、個人住民税(市・県民税)が特別徴収できなくなった場合は**、「給与支払報告に係る給与所得者異動届出書」を提出してください。

○令和3年(2021年)1月1日提出分より、**前々年における給与所得または公的年金等の源泉徴収票の税務署へ提出すべき枚数が100枚以上である場合は、eLTAX又は光ディスク等による提出が義務付けられました。**

該当する場合はeLTAXまたは光ディスク等による提出を行ってください。

提出期限は令和8年2月2日(月)です。
必ず期限内に提出してください。

※提出期限を過ぎた場合、当初課税に間に合わず、個人住民税(市・県民税)の特別徴収・普通徴収の開始期が遅れたり、従業員の方の所得証明・課税証明などの発行ができない場合があります。期限内の提出にご協力ください。

| ※ | | | | | | | | | | ※種別 | | ※整理番号 | | ※ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------|----|--------------|-----------|---------------------|------------|-----------------|-------------|-----------------|--------|-------------|-----------|---------------|--------------|-------------|---|-----------|---|------------|---|-------------|---|-------------|---|-----------------|--|--|--------------|-------|-------------------|--|-----------------|--|-----------------|--|---------------|--|---|--------------|-------|-------------------|--|-----------------|--|-----------------|--|--------|--|----|--|----------|---|------------|---|-------------|---|----------------|----|--|--|--|--------|---|-----------|---|-----------|---|------|--|----|--|--|--|--|--|--|--|--|---|--------|----|--|--------|----|--|--|--|--|--|----------|----|--|--|----|--|--|--|--|--|--|---|--------|----|--|--------|----|--|--|--|--|--|---|------|--|--|------|--|--|--|--|--|--|---|--------|----|--|--------|----|--|--|--|--|--|---|---|---|---|--------|---|----|---|-----|---|--------|---------|--|--|--|---|---|---|---|----|---|---|---|---|---|----|----|---|---|---|----|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--------|--|--|--|--|--|--|--|--|--|--|--|--|------|--|--|--|
| (8) 給与支払報告書(個人別明細書) | ※区分 | | | | | | | | | | (受給者番号) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 支払を受ける者 | | | | | | | | | | (個人番号) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 住所 | | | | | | | | | | (役職名) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | 氏名 | | (フリガナ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 種別 | | 支払金額 | | 給与所得控除後の金額(調整控除後) | | | | | | 所得控除の額の合計額 | | 源泉徴収税額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 給料・賞与 | | 内 円 | | 内 円 | | | | | | 内 円 | | 内 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (源泉)控除対象配偶者の有無等 | | 配偶者(特別)の控除額 | | 控除対象扶養親族の数(配偶者を除く。) | | | | | | 16歳未満扶養親族の数 | | 障害者の数(本人を除く。) | | 非居住者である親族の数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 有 | 從有 | 老人 | 特定期 | 老人 | その他 | 特親 | 人 | 内 | 人 | 内 | 人 | 内 | 人 | 内 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特定親族特別控除の額 | | | | 社会保険料等の金額 | | | | 生命保険料の控除額 | | | | 地震保険料の控除額 | | 住宅借入金等特別控除の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内 円 | | | | 内 円 | | | | 内 円 | | | | 内 円 | | 内 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (摘要) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>生命保険料の金額の内訳</td> <td>新生命保険料の金額</td> <td>円</td> <td>旧生命保険料の金額</td> <td>円</td> <td>介護医療保険料の金額</td> <td>円</td> <td>新個人年金保険料の金額</td> <td>円</td> <td>旧個人年金保険料の金額</td> <td>円</td> </tr> <tr> <td>住宅借入金等特別控除の額の内訳</td> <td></td> <td></td> <td>居住開始年月日(1回目)</td> <td>年 月 日</td> <td>住宅借入金等特別控除区分(1回目)</td> <td></td> <td>住宅借入金等年末残高(1回目)</td> <td></td> <td>住宅借入金等年末残高(2回目)</td> <td></td> </tr> <tr> <td>住宅借入金等特別控除可能額</td> <td></td> <td>円</td> <td>居住開始年月日(2回目)</td> <td>年 月 日</td> <td>住宅借入金等特別控除区分(2回目)</td> <td></td> <td>住宅借入金等年末残高(2回目)</td> <td></td> <td>住宅借入金等年末残高(3回目)</td> <td></td> </tr> <tr> <td>(フリガナ)</td> <td></td> <td>区分</td> <td></td> <td>配偶者の合計所得</td> <td>円</td> <td>国民年金保険料の金額</td> <td>円</td> <td>旧長期損害保険料の金額</td> <td>円</td> </tr> <tr> <td>(源泉・特別)控除対象配偶者</td> <td>氏名</td> <td></td> <td></td> <td></td> <td>基礎控除の額</td> <td>円</td> <td>所得金額調整控除額</td> <td>円</td> <td>所得金額調整控除額</td> <td>円</td> </tr> <tr> <td>個人番号</td> <td></td> <td>区分</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>(フリガナ)</td> <td>区分</td> <td></td> <td>(フリガナ)</td> <td>区分</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>控除対象扶養親族</td> <td>氏名</td> <td></td> <td></td> <td>氏名</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>(フリガナ)</td> <td>区分</td> <td></td> <td>(フリガナ)</td> <td>区分</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>個人番号</td> <td></td> <td></td> <td>個人番号</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>(フリガナ)</td> <td>区分</td> <td></td> <td>(フリガナ)</td> <td>区分</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>未</td> <td>外</td> <td>死</td> <td>災</td> <td>本人が障害者</td> <td>特</td> <td>その</td> <td>寡</td> <td>ひとり</td> <td>勤</td> <td>中途就・退職</td> <td colspan="4">受給者生年月日</td> </tr> <tr> <td>成</td> <td>国</td> <td>亡</td> <td>害</td> <td>乙欄</td> <td>別</td> <td>他</td> <td>婦</td> <td>親</td> <td>労</td> <td>就職</td> <td>退職</td> <td>年</td> <td>月</td> <td>日</td> <td>元号</td> <td>年</td> <td>月</td> <td>日</td> </tr> <tr> <td>年</td> <td>人</td> <td>退</td> <td>者</td> <td></td> </tr> <tr> <td>者</td> <td></td> </tr> <tr> <td>支</td> <td>個人番号又は法人番号</td> <td colspan="12"></td> <td colspan="4"></td> </tr> <tr> <td>払</td> <td>住所(居所)又は所在地</td> <td colspan="12"></td> <td colspan="4"></td> </tr> <tr> <td>者</td> <td>氏名又は名称</td> <td colspan="12"></td> <td colspan="4">(電話)</td> </tr> </table> | | | | | | | | | | | | | | 生命保険料の金額の内訳 | 新生命保険料の金額 | 円 | 旧生命保険料の金額 | 円 | 介護医療保険料の金額 | 円 | 新個人年金保険料の金額 | 円 | 旧個人年金保険料の金額 | 円 | 住宅借入金等特別控除の額の内訳 | | | 居住開始年月日(1回目) | 年 月 日 | 住宅借入金等特別控除区分(1回目) | | 住宅借入金等年末残高(1回目) | | 住宅借入金等年末残高(2回目) | | 住宅借入金等特別控除可能額 | | 円 | 居住開始年月日(2回目) | 年 月 日 | 住宅借入金等特別控除区分(2回目) | | 住宅借入金等年末残高(2回目) | | 住宅借入金等年末残高(3回目) | | (フリガナ) | | 区分 | | 配偶者の合計所得 | 円 | 国民年金保険料の金額 | 円 | 旧長期損害保険料の金額 | 円 | (源泉・特別)控除対象配偶者 | 氏名 | | | | 基礎控除の額 | 円 | 所得金額調整控除額 | 円 | 所得金額調整控除額 | 円 | 個人番号 | | 区分 | | | | | | | | | 1 | (フリガナ) | 区分 | | (フリガナ) | 区分 | | | | | | 控除対象扶養親族 | 氏名 | | | 氏名 | | | | | | | 2 | (フリガナ) | 区分 | | (フリガナ) | 区分 | | | | | | 3 | 個人番号 | | | 個人番号 | | | | | | | 4 | (フリガナ) | 区分 | | (フリガナ) | 区分 | | | | | | 未 | 外 | 死 | 災 | 本人が障害者 | 特 | その | 寡 | ひとり | 勤 | 中途就・退職 | 受給者生年月日 | | | | 成 | 国 | 亡 | 害 | 乙欄 | 別 | 他 | 婦 | 親 | 労 | 就職 | 退職 | 年 | 月 | 日 | 元号 | 年 | 月 | 日 | 年 | 人 | 退 | 者 | | | | | | | | | | | | | | | 者 | | | | | | | | | | | | | | | | | | 支 | 個人番号又は法人番号 | | | | | | | | | | | | | | | | | 払 | 住所(居所)又は所在地 | | | | | | | | | | | | | | | | | 者 | 氏名又は名称 | | | | | | | | | | | | | (電話) | | | |
| 生命保険料の金額の内訳 | 新生命保険料の金額 | 円 | 旧生命保険料の金額 | 円 | 介護医療保険料の金額 | 円 | 新個人年金保険料の金額 | 円 | 旧個人年金保険料の金額 | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (源泉・特別)控除対象配偶者 | 氏名 | | | | 基礎控除の額 | 円 | 所得金額調整控除額 | 円 | 所得金額調整控除額 | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 控除対象扶養親族 | 氏名 | | | 氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 | 個人番号 | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | (フリガナ) | 区分 | | (フリガナ) | 区分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 成 | 国 | 亡 | 害 | 乙欄 | 別 | 他 | 婦 | 親 | 労 | 就職 | 退職 | 年 | 月 | 日 | 元号 | 年 | 月 | 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年 | 人 | 退 | 者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 払 | 住所(居所)又は所在地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 者 | 氏名又は名称 | | | | | | | | | | | | | (電話) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (摘要)に前職分の加算額、支払者等を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

令和7年分 給与所得の源泉徴収票

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| ※ | | | | | | | | | | | | ※種 別 | | ※整 理 番 号 | | ※ | | | | | | | | | |
| <p>※区分</p> <p>(受給者番号)</p> <p>(個人番号)</p> <p>(役職名)</p> <p>支 払 を受ける者 所 氏名 (フリガナ)</p> | | | | | | | | | | | | 支 払 金 額 | | 給与所得控除後の金額(調整控除後) | | 所得控除の額の合計額 | | 源泉徴収税額 | | | | | | | |
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| | | | | | | | | | | | | (源泉)控除対象配偶者の有無等 | | 配偶者(特別) | | 控除対象扶養親族の数 (配偶者を除く。) | | | | 16歳未満扶養親族の数 | | 障害者の数 (本人を除く。) | | 非居住者である親族の数 | |
| | | | | | | | | | | | | 老人 | | 控除の額 | | 特 定 | | 老人 その他 | | 特 親 | | 特 別 その他 | | 人 人 人 人 | |
| 有 徒有 | | 円 人 徒人 | | 内 人 徒人 | | 内 人 徒人 | | 人 徒人 | | 内 人 徒人 | | 内 人 人 人 | | | | | | | | | | | | | |
| 特定親族特別控除の額 | | 社会保険料等の金額 | | 生命保険料の控除額 | | | | 地震保険料の控除額 | | 住宅借入金等特別控除の額 | | | | | | | | | | | | | | | |
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| (摘要) | | | | | | | | | | | | 内 円 | | 内 円 | | 内 円 | | 内 円 | | | | | | | |
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| 3 | | (フリガナ) | | 区分 | | 3 氏名 | | 個人番号 | | 区分 | | 区分 | | | | | | | | | | | | | |
| 4 | | (フリガナ) | | 区分 | | 4 氏名 | | 個人番号 | | 区分 | | 区分 | | | | | | | | | | | | | |
| 未成年者 | | 外 国 人 | | 死 亡 退 職 者 | | 乙 檻 | | 本人が障害者 特 別 そ の 他 | | 寡 婦 | | ひとり親 | | 勤 劳 学 生 | | | | | | | | | | | |
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| 支 払 者 | | 住所(居所)又は所在地 | | | | | | | | | | | | | | | | | | | | | | | |
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| 有 徒有 | | 円 人 徒人 | | 内 人 徒人 | | 内 人 徒人 | | 人 徒人 | | 内 人 徒人 | | 内 人 人 人 | | | | | | | | | | | | | |
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| 3 | | (フリガナ) | | 区分 | | 3 氏名 | | 個人番号 | | 区分 | | 区分 | | | | | | | | | | | | | |
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| 支 払 者 | | 個人番号又は法人番号 | | | | | | | | | | | | | | | | | | | | | | | |
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| 有 徒有 | | 円 人 徒人 | | 内 人 徒人 | | 内 人 徒人 | | 人 徒人 | | 内 人 徒人 | | 内 人 人 人 | | | | | | | | | | | | | |
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| 2 | | (フリガナ) | | 区分 | | 2 氏名 | | 個人番号 | | 区分 | | 区分 | | | | | | | | | | | | | |
| 3 | | (フリガナ) | | 区分 | | 3 氏名 | | 個人番号 | | 区分 | | 区分 | | | | | | | | | | | | | |
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