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| ⑦ | | | | | ※ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※　　種　　　　　別 | | | | | | | | | | | | | | | | | | | ※　　　　整　理　番　号 | | | | | | | | | | | | | | | | | | | ※ | | | | | | | | | | | | | | | | | | | | | | | |
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| 給与支払報告書（個人別明細書） | | | | | 支　払 を受け る　者 | | | | | | ※区 分 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （受給者番号） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （個人番号） | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | |  | | |  | | | | |  | | | |  | | | | |  | | |  | | |  |
| （役職名) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　名 | | | | | | （フリガナ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | |
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| (源泉)控除対象配偶者 | | | | | | | | | | | | | | | | | | | 配　偶　者 ( 特 別 ) 控　 除　 の　 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 | | |
| の有無等 | | | | | | | | | 老人 | | | | | | | | | |
| 特　　　定 | | | | | | | | | | | | | | | | | 老　　　人 | | | | | | | | | | | | | | | | | | | | その他 | | | | | | | | | | | | | | | | | 特　　別 | | | | | | | | | | | | | | その他 | | | | |
| Ⓒ有 | | | | 従有 | | | | | Ⓔ | | | | | | | | | | Ⓕ　　　千 | | | | | | | | 円 | | | | | | | | | | | | | | Ⓖ　　人 | | | | | | | | | 従　人 | | | | | | | | Ⓗ　内 | | | | | | | | | Ⓘ　人 | | | | | 従　人 | | | | | | Ⓙ　　　人 | | | | | | | | | | 従人 | | | | | | | 人 | | | | | | | | | | | | Ⓚ　　内 | | | | | | | | Ⓛ　　人 | | | | | | Ⓜ　人 | | | | | 人 | | |
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| 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　　　　　　　　千 | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | | | | Ⓞ　　　　　　　　　　千 | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | Ⓟ　　　　　　　千 | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | 千 | | | | | | | | | | | | | 円 | | | | |
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| （摘要） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 源泉徴収時所得税減税控除済額　　　　　　　　　　円、控除外額　　　　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 生命保険料 の金額の 内訳 | | | | | | 新生命　　　　　　　保険料 の金額 | | | | | | ㋺　　　　　　　　　　円 | | | | | | | | | | | | | | | | | | | 旧生命 保険料 の金額 | | | | | | | | | | | | ㋩　　　　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | 介護医療 保険料 の金額 | | | | | | | | ㋥　　　　　　　　円 | | | | | | | | | | | | | | 新個人年金 保険料 の金額 | | | | | | | | | | | ㋭　　　　　　　　円 | | | | | | | | | | | | | | 旧個人年金 保険料　　　　　　　　　　　　　　の金額 | | | | | | | | | | ㋬　　　　　　　　　円 | | | | | | | |
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| 住宅借入金 等特別控除 の額の内訳 | | | | | | 住宅借入金 等特別控除 適用数 | | | | | | | |  | | | | | | | | | | | | | | | | | 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） | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | |
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| 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） | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | |
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|  | | | | | (源泉･特別) 控除対象 配偶者 | | | | | | （フリガナ） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 区分 | | | | |  | | | | | | | | 配偶者の 合計所得 | | | | | | | | | | | ㋑　　　　　　　　円 | | | | | | | | | | | | | | | 国民年金保険 料等の金額 | | | | | | | | | | | | | | | | 円 | | | | | | | 旧長期損害 保険料の金額 | | | | | | | | | | ㋣　　　　　　　　　　円 | | | | | | | | | |
| 氏名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | | |  | | | | |  | |  | | | |  | | | | |  | | | | |  | | | 基礎控除の額 | | | | | | | | | | | | | | | |  | | | | | | | 所得金額 調整控除額 | | | | | | | | | |  | | | | | | | | | |
| 控除対象扶養親族 | | 1 | | | | （フリガナ） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 区分 | | | | |  | | | | | | | | | | 1  6歳未満の扶養親族 | | | | 1 | | | （フリガナ） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 区分 | |  | | | | | | 5人目以降の控除対象 扶養親族の個人番号 | | | | | | | | |
| 氏名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 氏名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | 個人番号 | | | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | |  | | | | |  | | | | |  | | | | | 個人番号 | | | | | |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | | | |  | |  | | | |  | |  | | |  | | |
| 2 | | | | （フリガナ） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 区分 | | | | |  | | | | | | | | | | 2 | | | （フリガナ） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 区分 | |  | | | | | |
| 氏名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 氏名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | |  | | | | |  | | | | |  | | | | | 個人番号 | | | | | |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | | | |  | |  | | | |  | |  | | |  | | |
|  |  | | | 3 | | | | （フリガナ） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 区分 | | | | |  | | | | | | | | | | 3 | | | （フリガナ） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 区分 | |  | | | | | |
|  |  | | | 氏名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 氏名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5人目以降の16歳未満 の扶養親族の個人番号 | | | | | | | | |
|  |  | | | 個人番号 | | | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | |  | | | | |  | | | | |  | | | | | 個人番号 | | | | | |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | | | |  | |  | | | |  | |  | | |  | | |  | | | | | | | | |
|  |  | | | 4 | | | | （フリガナ） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 区分 | | | | |  | | | | | | | | | | 4 | | | （フリガナ） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 区分 | |  | | | | | |
|  |  | | | 氏名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 氏名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | 個人番号 | | | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | |  | | | | |  | | | | |  | | | | | 個人番号 | | | | | |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | | | |  | |  | | | |  | |  | | |  | | |
|  |  | | | ㋠ | | 未成年者 | | | | 外国人 | | | | | 死亡退職 | | | 災害者 | | | | | | | 乙　欄 | | | | | 本人が障がい者 | | | | | | | | | | | | | | | | | 寡　　婦　 ㋸ | | | | | | ひとり親 ㋾ | | | | | | ㋻ | | | | | 勤労学生 | | | | | | |  | | | | 中 途 就 ・ 退 職 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 受　給　者　生　年　月　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | ㋷ | | | | 特　別 | | | | ㋦ | | | | | その他 | | | | 就職 | | | | | | 退職 | | | | | | 年 | | | | | | | 月 | | | | 日 | | | | | | | | | | 元　　　号 | | | | | | | | | | | | | 年 | | | | | | | 月 | | | | 日 | |
| （（市町村提出用） | | | |  | | | | | |  | | | | |  | | |  | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | | | ６ | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | |
| 支　払　者 | | | | | | | 個人番号又は 法　人　番　号 | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | | | | |  | | | | |  | | | | |  | | | |  | | |  | | | | | | |  | | | |  | | | | | （右詰めで記載してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所（居所） 又は所在地 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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