《个人所得税专项附加扣除信息表》  
*Information Form for Special Expense Deductions from Individual Income Tax*

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| **个人所得税专项附加扣除信息表** **Information Form for Special Expense Deductions from Individual Income Tax** | | | | | | |
|  |  |  |  |  |  |  |
| 填报日期： 年 月 日 Filled on: MM/DD/YY | |  |  | 扣除年度： Deduction year: |  |  |
| 纳税人姓名： Taxpayer name: |  |  |  | 纳税人识别号：□□□□□□□□□□□□□□□□□□  Taxpayer Identification No.: □□□□□□□□□□□□□□□□□□ | | |
| 纳税人信息 Information of taxpayer | 手机号码 Tel. |  | | | 电子邮箱 E-mail |  |
| 联系地址 Address |  | | | 配偶情况 Marriage Status | □有配偶 □无配偶 □ Married □ No spouse |
| 纳税人配偶信息 Information of taxpayer's spouse | 姓名 Name |  | 身份证件类型 Type of identity document |  | 身份证件号码 Identity document No. | □□□□□□□□□□□□□□□□□□ |
| **一、子女教育** **I. Children's education** | | | | | | |
| 较上次报送信息是否发生变化： □首次报送（请填写全部信息） □无变化（不需重新填写） □有变化（请填写发生变化项目的信息）  Are there any changes from the previously submitted information? □ First submission (please fill in all information) □ No change (no need to fill in again) □ Changed (please fill in the changed information) | | | | | | |
| 子女一 Child 1 | 姓名 Name |  | 身份证件类型 Type of identity document |  | 身份证件号码 Identity document No. | □□□□□□□□□□□□□□□□□□ |
| 出生日期 Date of birth |  | 当前受教育阶段 Current education stage | □学前教育阶段 □义务教育 □高中阶段教育 □高等教育 □ Pre-school education □ Compulsory education □ High school education □ Higher education | | |
| 当前受教育阶段起始时间 Starting time of current education stage | 年 月 MM/YY | 当前受教育阶段结束时间 End time of current education stage | 年 月 MM/YY | 子女教育终止时间 \*不再受教育时填写 End time of children's education \*Fill in the date after the education is completed | 年 月 MM/YY |
| 就读国家（或地区）  Studying country (or region) |  | 就读学校 School name |  | 本人扣除比例 Personal deduction percentage | □100%（全额扣除） □50%（平均扣除）  □ 100 percent (full deduction) □ 50 percent (average deduction) |
| 子女二 Child 2 | 姓名 Name |  | 身份证件类型 Type of identity document |  | 身份证件号码 Identity document No. | □□□□□□□□□□□□□□□□□□ |
| 出生日期 Date of birth |  | 当前受教育阶段 Current education stage | □学前教育阶段 □义务教育 □高中阶段教育 □高等教育 □ Pre-school education □ Compulsory education □ High school education □ Higher education | | |
| 当前受教育阶段起始时间 Starting time of current education stage | 年 月 MM/YY | 当前受教育阶段结束时间 End time of current education stage | 年 月 MM/YY | 子女教育终止时间 \*不再受教育时填写 End time of children's education \*Fill in the date after the education is completed | 年 月 MM/YY |
| 就读国家（或地区）  Studying country (or region) |  | 就读学校  School name |  | 本人扣除比例 Personal deduction percentage | □100%（全额扣除） □50%（平均扣除）  □ 100 percent (full deduction) □ 50 percent (average deduction) |
| **二、继续教育** **II. Continuing education** | | | | | | |
| 较上次报送信息是否发生变化： □首次报送（请填写全部信息） □无变化（不需重新填写） □有变化（请填写发生变化项目的信息）  Are there any changes from the previously submitted information? □ First submission (please fill in all information) □ No change (no need to fill in again) □ Changed (please fill in the changed information) | | | | | | |
| 学历（学位） 继续教育 Qualification (degree)  continuing education | 当前继续教育起始时间 Starting time of current continuing education | 年 月 MM/YY | 当前继续教育结束时间 End time of current continuing education | 年 月 MM/YY | 学历（学位）继续教育阶段 Qualification (degree) of continuing education | □专科 □本科 □硕士研究生  □ Junior college degree □ Bachelor’s degree □ Master's degree  □博士研究生 □其他  □ Doctor's degree □ Others |
| 职业资格 继续教育 Vocational qualificationContinuing education | 职业资格继续教育类型 Type of vocational qualification continuing education | □技能人员 □专业技术人员 □ Skilled personnel □ Professional technicians | | | 证书名称 Certificate name |  |
| 证书编号 Certificate No. |  | 发证机关 Issuing authority |  | 发证（批准）日期 Issued (approved) on |  |
| **三、住房贷款利息** **III. Interest on housing loans** | | | | | | |
| 较上次报送信息是否发生变化： □首次报送（请填写全部信息） □无变化（不需重新填写） □有变化（请填写发生变化项目的信息）  Are there any changes from the previously submitted information? □ First submission (please fill in all information) □ No change (no need to fill in again) □ Changed (please fill in the changed information) | | | | | | |
| 房屋信息 Housing information | 住房坐落地址 Housing address | 省（区、市） 市 县（区） 街道（乡、镇）  Sub-districts (Town): , County (District): , City: , Province (Municipality): | | | | |
| 产权证号/不动产登记号/商品房买卖合同号/预售合同号 Real estate ownership certificate No./Real estate registration No./Commercial housing sales contract No./Commercial housing pre-sale contract No. | | | |  | |
| 房贷信息 Mortgage information | 本人是否借款人 Is the applicant the borrower? | | □ 是 □ 否 □ Yes □ No | | 是否婚前各自首套贷款，且婚后分别扣除50% Do you and your spouse take half of the deduction for first housing loans received before your marriage? | □ 是 □ 否 □ Yes □ No |
| 公积金贷款｜贷款合同编号 Housing provident fund loan | Loan contract No. | |  | | | |
| 贷款期限（月） Loan term (months) | |  | | 首次还款日期 First repayment date |  |
| 商业贷款｜贷款合同编号 Commercial loan | Loan contract No. | |  | | 贷款银行 Lending bank |  |
| 贷款期限（月） Loan term (months) | |  | | 首次还款日期 First repayment date |  |
| **四、住房租金** **IV. House rent** | | | | | | |
| 较上次报送信息是否发生变化： □首次报送（请填写全部信息） □无变化（不需重新填写） □有变化（请填写发生变化项目的信息）  Are there any changes from the previously submitted information? □ First submission (please fill in all information) □ No change (no need to fill in again) □ Changed (please fill in the changed information) | | | | | | |
| 房屋信息 Housing information | 住房坐落地址 Housing address | 省（区、市） 市 县（区） 街道（乡、镇）  Sub-district (Town): , County (District): , City: , Province (Municipality): | | | | |
| 租赁情况  Leasing information | 出租方（个人）姓名（非必填） Name of lessor (individual)  (optional) |  | 身份证件类型（非必填） Type of identity document  (optional) |  | 身份证件号码（非必填） Identity document No.  (optional) | □□□□□□□□□□□□□□□□□□ |
| 出租方（单位）名称 Name of lessor (unit)  （非必填） (optional) |  | | | 纳税人识别号（非必填） Taxpayer identification No. (not required)  （统一社会信用代码） (Unified social credit code) |  |
| 主要工作城市（\*填写市一级） Main working city  (\*Province and city names required) |  | | | 住房租赁合同编号（非必填） Housing lease contract No.  (optional) |  |
| 租赁期起 Start of lease term |  | | | 租赁期止 End of lease term |  |
| **五、赡养老人** **V. Support for the elderly** | | | | | | |
| 较上次报送信息是否发生变化： □首次报送（请填写全部信息） □无变化（不需重新填写） □有变化（请填写发生变化项目的信息）  Are there any changes from the previously submitted information? □ First submission (please fill in all information) □ No change (no need to fill in again) □ Changed (please fill in the changed information) | | | | | | |
| 纳税人身份 Status of taxpayer | | □独生子女 □非独生子女 □ Only child □ Non-only child | | | | |
| 被赡养人一 Dependant 1 | 姓名 Name |  | 身份证件类型 Type of identity document |  | 身份证件号码 Identity document No. | □□□□□□□□□□□□□□□□□□ |
| 出生日期 Date of birth |  | 与纳税人关系 Relationship with the taxpayer | □父亲 □母亲 □其他 □ Father □ Mother □ Other | | |
| 被赡养人二 Dependant 2 | 姓名 Name |  | 身份证件类型 Type of identity document |  | 身份证件号码 Identity document No. | □□□□□□□□□□□□□□□□□□ |
| 出生日期 Date of birth |  | 与纳税人关系 Relationship with the taxpayer | □父亲 □母亲 □其他 □ Father □ Mother □ Other | | |
| 共同赡养人信息  Information of co-providers | 姓名 Name |  | 身份证件类型 Type of identity document |  | 身份证件号码 Identity document No. | □□□□□□□□□□□□□□□□□□ |
| 姓名 Name |  | 身份证件类型 Type of identity document |  | 身份证件号码 Identity document No. | □□□□□□□□□□□□□□□□□□ |
| 姓名 Name |  | 身份证件类型 Type of identity document |  | 身份证件号码 Identity document No. | □□□□□□□□□□□□□□□□□□ |
| 姓名 Name |  | 身份证件类型 Type of identity document |  | 身份证件号码 Identity document No. | □□□□□□□□□□□□□□□□□□ |
| 分摊方式 \*独生子女不需填写 Sharing modes \*Only child does not need to fill in this column | | □平均分摊 □赡养人约定分摊 □被赡养人指定分摊  □ Equal share □ Agreed share □ Designated share | | | 本年度月扣除金额 Monthly reductions in the current year |  |
| **六、大病医疗（仅限综合所得年度汇算清缴申报时填写）** **VI. Critical illness insurance (only for the annual settlement of comprehensive income)** | | | | | | |
| 较上次报送信息是否发生变化： □首次报送（请填写全部信息） □无变化（不需重新填写） □有变化（请填写发生变化项目的信息）  Are there any changes from the previously submitted information? □ First submission (please fill in all information) □ No change (no need to fill in again) □ Changed (please fill in the changed information) | | | | | | |
| 患者一 Patient 1 | 姓名 Name |  | 身份证件类型 Type of identity document |  | 身份证件号码 Identity document No. | □□□□□□□□□□□□□□□□□□ |
| 医药费用总金额 Total medical expenses |  | 个人负担金额  Personal out-of-pocket amount |  | 与纳税人关系 Relationship with the taxpayer | □本人 □配偶 □未成年子女  □ Oneself □ Spouse □ Minor child |
| 患者二 Patient 2 | 姓名 Name |  | 身份证件类型 Type of identity document |  | 身份证件号码 Identity document No. | □□□□□□□□□□□□□□□□□□ |
| 医药费用总金额 Total medical expenses |  | 个人负担金额  Personal out-of-pocket amount |  | 与纳税人关系 Relationship with the taxpayer | □本人 □配偶 □未成年子女  □ Oneself □ Spouse □ Minor child |
| **需要在任职受雇单位预扣预缴工资、薪金所得个人所得税时享受专项附加扣除的，填写本栏** **Please fill in this column if you expect to apply for additional special deductions when your income tax of wages or salaries is withheld or deducted in advance by your employee** | | | | | | |
| **重要提示：**当您填写本栏，表示您已同意该任职受雇单位使用本表信息为您办理专项附加扣除。 **Notes:** When completing this column, you are assumed to have agreed that the employer will use the information in this form to handle additional special deductions for you. | | | | | | |
| 扣缴义务人名称 Name of withholding agent | |  | | | 扣缴义务人纳税人识别号（统一社会信用代码）  Withholding agent Taxpayer identification No. (Unified social credit code) | □□□□□□□□□□□□□□□□□□ |
| **本人承诺：**我已仔细阅读了填表说明，并根据《中华人民共和国个人所得税法》及其实施条例、《个人所得税专项附加扣除暂行办法》《个人所得税专项附加扣除操作办法（试行）》等相关法律法规规定填写本表。本人已就所填的扣除信息进行了核对，并对所填内容的真实性、准确性、完整性负责。  **I hereby declare** that I have carefully read the instructions of this form and completed it as per the stipulations of the *Individual Income Tax Law of the People's Republic of China* and its implementation regulations, the *Interim Measures for Additional Special Deductions for Individual Income Tax*, the *Operational Measures for Additional Special Deductions for Individual Income Tax (trail)*, as well as other relevant laws and regulations of China. I have verified all deduction information filled in this form and I am responsible for the authenticity, accuracy, and completeness of the content herein.  纳税人签字： 年 月 日  Taxpayer (signature): MM/DD/YY | | | | | | |
| 扣缴义务人签章： Withholding agent (signature and seal): | |  | 代理机构签章： Delegated agency (signature and seal): |  |  | 受理人： Accepted by: |
|  |  |  |  |  |  |  |
| 经办人签字： Handler (signature): |  |  | 代理机构统一社会信用代码： Unified social credit code of the agency: | |  | 受理税务机关（章）： Accepting tax authority (seal): |
|  |  |  | 经办人签字： Handler (signature): |  |  |  |
| 接收日期： 年 月 日 Received on: MM/DD/YY | | | 经办人身份证件号码： ID No. of the handler: | | | 受理日期： 年 月 日 Accepted on: MM/DD/YY |
| **国家税务总局监制** **Issued under the supervision of the State Administration of Taxation** | | | | | | |