《商业健康保险税前扣除情况明细表》
*Detailed Statement on Pre-tax Deductions of Commercial Health Insurance*

所属期： 年 月 日至 年 月 日 金额单位：人民币元（列至角分）
Period: From MM/DD/YY to MM/DD/YY Monetary Unit: CNY (accurate to the second decimal place)

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|  | 扣缴义务人（被投资单位）情况Information of the withholding agent (unit)  |
| 名 称Name | 　 | 纳税人识别号Taxpayer identification No. |  | 　 |
|  | 商业健康保险税前扣除情况Pre-tax deductions of commercial health insurance |
| 序号S/N | 姓名Name | 身份证件类型Type of identity document | 身份证件号码Identity document No. | 税优识别码Tax preference identification code | 保单生效日期Valid from | 年度保费Yearly premium | 月度保费Monthly premium | 本期扣除金额Amount deducted in the current period |
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|  |  **谨声明：此表是根据《中华人民共和国个人所得税法》及有关法律法规规定填写的，是真实的、完整的、可靠的。****I hereby declare that this form is filled in as per the stipulations of the *Individual Income Tax Law of the People's Republic of China* and other relevant laws and that all the contents herein are true, complete, and reliable.**纳税人或扣缴义务人负责人签字： 年 月 日Taxpayer/withholding agent (signature): MM/DD/YY |
| 　代理申报机构（人）签章:Declaration agency/agent (signature and seal):　经办人：Handled by:经办人执业证件号码:Handler's practice certificate No.:代理申报日期: 年 月 日Submitted on: MM/DD/YY |  | 主管税务机关受理章：Competent tax authority (seal):　受理人：Accepted by:　受理日期: 年 月 日Accepted on: MM/DD/YY |