《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 | | | |