



檔案號碼：

File No. : _____

致：稅務局局長

To : Commissioner of Inland Revenue

香港郵政總局郵箱132號

G. P. O. Box 132, Hong Kong.

傳真號碼

Fax No. : 2877 1232

申請免稅額 / 開支扣除同意書
Agreement to Claim for Allowance / Deduction

本人與_____就_____ / _____課稅年度免稅額 / 開支扣除的申請達成以下協議：

For the year of assessment _____ / _____, I and _____ have reached an agreement for the allowance / deduction claim as follows:

	第 1 受養人 First Dependant	第 2 受養人 Second Dependant	第 3 受養人 Third Dependant
受養人資料(見附註) Particulars of the Dependant(s) (see Note)			
申請的免稅額 / 開支 扣除 Claim for allowance / deduction	<input type="checkbox"/> 子女免稅額 child allowance <input type="checkbox"/> 供養兄弟姊妹免稅額 dependent brother/sister allowance <input type="checkbox"/> 供養父母 / 祖父母 / 外祖父母 免稅額 dependent parent/grandparent allowance <input type="checkbox"/> 長者住宿照顧開支扣除 deduction for elderly residential care expenses	<input type="checkbox"/> 子女免稅額 child allowance <input type="checkbox"/> 供養兄弟姊妹免稅額 dependent brother/sister allowance <input type="checkbox"/> 供養父母 / 祖父母 / 外祖父母 免稅額 dependent parent/grandparent allowance <input type="checkbox"/> 長者住宿照顧開支扣除 deduction for elderly residential care expenses	<input type="checkbox"/> 子女免稅額 child allowance <input type="checkbox"/> 供養兄弟姊妹免稅額 dependent brother/sister allowance <input type="checkbox"/> 供養父母 / 祖父母 / 外祖父母 免稅額 dependent parent/grandparent allowance <input type="checkbox"/> 長者住宿照顧開支扣除 deduction for elderly residential care expenses
申請人姓名 Name of Applicant			

簽署

Signature : _____

姓名

Name : _____

檔案號碼

File No. : _____

日期

Date : _____

日間聯絡電話

Day-time Contact Tel No. : _____

簽署

Signature : _____

姓名

Name : _____

檔案號碼

File No. : _____

日期

Date : _____

日間聯絡電話

Day-time Contact Tel No. : _____

附註：請註明受養人的姓名和香港身分證號碼(如適用)。如申請子女免稅額或供養兄弟姊妹免稅額，請列明該子女 / 兄弟姊妹的出生日期。

Note: Please state the name and Hong Kong identity card no. (if applicable) of the dependant. For claims of child allowance or dependent brother or dependent sister allowance, please also state the date of birth of that child, brother or sister.

 請在適當的方格內加上「√」號。

Please tick as appropriate.

就本表格的要求及於本局處理你的申請 / 要求 / 通知的過程中提供個人資料屬自願性質。然而，如你未能提供充分資料，本局可能無法處理你的申請 / 要求 / 通知。本局會把你提供的資料，用於施行本局專責執行的法例。本局並可在法律授權或准許的情況下，向任何其他人士或機構披露 / 轉移該等資料的任何或全部內容。你有權要求查閱及改正你的個人資料，但屬《個人資料(私隱)條例》豁免披露的情況除外。如欲查閱或改正個人資料，請致函評稅主任(地址為香港郵政總局郵箱132號)，同時請註明你於本局的檔案號碼。

The provision of personal data required by this form and during the processing of your application/request/notification is voluntary. However, if you do not provide sufficient information, the Department may not be able to process your application/request/notification. The Department will use the information provided by you for the purposes of the Ordinances administered by it and may disclose/transfer any or all of such information to any other parties provided that the disclosure/transfer is authorized or permitted by law. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have the right to request access to and correction of your personal data. You should send such request in writing to the Assessor at GPO Box 132, Hong Kong and quote your file number in this Department.