

致：稅務局局長  
To : Commissioner of Inland Revenue  
香港郵政總局郵箱132號  
傳真：2877 1232  
G.P.O. Box 132, Hong Kong  
Fax No.: 2877 1232

檔案號碼：  
File No : \_\_\_\_\_

申索子女及/或供養兄弟姊妹免稅額  
**Claim for Child Allowance and/or Dependent Brother or Dependent Sister Allowance**  
課稅年度 Year of Assessment \_\_\_\_\_ / \_\_\_\_\_

	受養人 1 Dependant 1	受養人 2 Dependant 2																																
<input type="checkbox"/> (1) 受養人的姓名 (請用正楷填寫) Name of the Dependant (Please use BLOCK LETTERS)																																		
<input type="checkbox"/> (2) 你與受養人的關係 Your relationship with the Dependant	你的子女 your child <input type="checkbox"/> 你的兄弟/姊妹 your brother/sister <input type="checkbox"/> 你配偶的兄弟/姊妹 your spouse's brother / sister <input type="checkbox"/>	你的子女 your child <input type="checkbox"/> 你的兄弟/姊妹 your brother/sister <input type="checkbox"/> 你配偶的兄弟/姊妹 your spouse's brother / sister <input type="checkbox"/>																																
<input type="checkbox"/> (3) 受養人的出生日期 Date of birth of the Dependant	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>日Day</td><td>月Month</td><td>年Year</td><td colspan="5"></td></tr></table>									日Day	月Month	年Year						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>日Day</td><td>月Month</td><td>年Year</td><td colspan="5"></td></tr></table>									日Day	月Month	年Year					
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<input type="checkbox"/> (4) 受養人於該年度任何時間內年滿18歲—— During the year, the Dependant was of or over the age of 18 years:	但未滿25歲， 並接受全日制教育 but under 25 years and receiving full time education <input type="checkbox"/> 但因殘疾 而不能工作 but incapacitated for work with disability <input type="checkbox"/>	但未滿25歲， 並接受全日制教育 but under 25 years and receiving full time education <input type="checkbox"/> 但因殘疾 而不能工作 but incapacitated for work with disability <input type="checkbox"/>																																
<input type="checkbox"/> (5) 受養人於該年度內有資格按政府傷殘津貼計劃申索津貼，本人擬就受養人申請傷殘受養人免稅額。 I wish to claim disabled dependant allowance in respect of the Dependant who was eligible to claim an allowance under the Government's Disability Allowance Scheme during the year.	是Yes <input type="checkbox"/> 否No <input type="checkbox"/>	是Yes <input type="checkbox"/> 否No <input type="checkbox"/>																																
<input type="checkbox"/> (6) 受養兄弟/姊妹的父母資料： Particulars of the parents of the <b>dependant brother/sister</b> :																																		
<input type="checkbox"/> (i) 受養兄弟/姊妹的父親姓名及香港身分證號碼 Name and H.K. Identity Card Number of the father of the dependant brother / sister	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>( )</td></tr></table>												( )	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>( )</td></tr></table>												( )								
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<input type="checkbox"/> (ii) 受養兄弟/姊妹的母親姓名及香港身分證號碼 Name and H.K. Identity Card Number of the mother of the dependant brother / sister	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>( )</td></tr></table>												( )	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>( )</td></tr></table>												( )								
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本人謹此聲明，在本表格內所填報的資料均屬真確，並無遺漏。

I declare that the information given above is true, correct and complete.

簽署：  
Signature : \_\_\_\_\_  
姓名：  
Name : \_\_\_\_\_

日間聯絡電話：  
Daytime Contact Phone No.: \_\_\_\_\_  
日期：  
Date : \_\_\_\_\_

請在適當空格內加上「✓」號。 Please '✓' in the appropriate boxes.

註：如超過2名受養人，請在另紙上以同樣格式提供有關資料。

Note : If more than 2 dependants are involved, please supply information on a separate sheet in the same format.

就本表格的要求及於本局處理你的申請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。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 is voluntary. However, if you do not provide sufficient information, the Department may not be able to process your application. 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.