

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> </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> </table> 日Day 月Month 年Year										
<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:	<table border="1"> <tr> <td>           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"/> </td> <td>           但因殘疾 而不能工作 but incapacitated for work with disability <input type="checkbox"/> </td> </tr> </table>	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"/>	<table border="1"> <tr> <td>           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"/> </td> <td>           但因殘疾 而不能工作 but incapacitated for work with disability <input type="checkbox"/> </td> </tr> </table>	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"/>														
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<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.	<table border="1"> <tr> <td>是Yes <input type="checkbox"/></td> <td>否 No <input type="checkbox"/></td> </tr> </table>	是Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	<table border="1"> <tr> <td>是Yes <input type="checkbox"/></td> <td>否 No <input type="checkbox"/></td> </tr> </table>	是Yes <input type="checkbox"/>	否 No <input type="checkbox"/>														
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<input type="checkbox"/> (6) 受養兄弟／姊妹的父母資料： Particulars of the parents of the <b>dependent 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 dependent brother / sister	<table border="1"> <tr> <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> </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 dependent brother / sister	<table border="1"> <tr> <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> </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.