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| （別記１） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 第18号様式 | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 処理  事項 | | |  | | | | | | | | | | | | | |
|  | | | | | | | **町民税** | | | | | | **・** | **給与支払報告書** | | | **に係る給与所得者異動届出書（提出用）** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **県民税** | | | | | | **特別徴収** | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **大台町長** | | | | | | | | | あて | | | | （特別徴収義務者）  給与支払者 | | 名称  （氏名） | | |  | | | | | | | | | | |  | | | | 特別徴収義務者  指定番号 | | | | | | |  | | | | | | | | | |
| 所在地 | | | （**〒** |  | | － |  | ） | | | | | | | | | | この届出書に応答される方（担当者） | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | 課 | | | |  | | | 係 |
|  | |  | **年** |  | | **月** |  | | | **日　提出** | | | | 氏名 | | | |  | | | | | | | | | | | | |
| 電話 | | | |  | | | | | | | | | | | | |
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| **給与所得者** | 個人番号 | |  | | | | | フリガナ | | | |  | | | | | | | | | 異動年月日 | | | | | |  | | |  | | | | | **年** |  | | | **月** |  | | **日** | | |  | | **異動の事由** | | 退職  転職  休職  長期欠勤  死亡  その他 | |
| 氏名 | | | |  | | | | | | | | |
| (ア)  年税額 | | | | | | (イ)  徴収済額 | | | | | | | | | (ウ)  未徴収税額(ア)-(イ) | | | | | | | | |
| 給与の支払を受けなくなった後の住所 | | （**〒** | |  | | － | |  | | | ） | | | | | | | | |
|  | | | | | **円** |  | **月から** |  | | | **月分まで** | | | |  | | | | | | | | **円** |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **円** |
|  | | | **該当する徴収方法をチェックしてください** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **未徴収税額の徴収方法** | 普通徴収 | | | | | | | | | 残りの未徴収税額を本人に  支払ってもらう徴収方法 | | | | | | | | 退職が1月1日から4月30日までの間の方につきましては、  本人からの申し出がない場合でも、必ず残税額の一括徴収をお願いします。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **一括徴収できない理由** | | | |
|  |  | 5月31日までに支払われる給与等がない為  支払われる給与等が未徴収税額よりも少ない為  その他  （） | | |
| 一括徴収 | | | | | | | | | 残りの未徴収税額を最後の  給与から差し引き一括して  事業所が納める方法 | | | | | | | | 徴収予定年月日 | | | | | | 一括徴収予定額  (上記の(ウ)と同額) | | | | | | | | | 徴収税額は  **月分**で納入します。  （　**月 　日**納期限分） | | | | | | | | | | | | |  |
|  | | | | | |  | | | | | | | 円 | |  |
| 特別徴収継続  （転勤） | | | | | | | | | 新勤務先 | 名称 | | | | （特別徴収義務者指定番号 | | | | | | | | | |  | | | | | | ） | | 新勤務先へは月額  **円**　を  **月分**から　徴収  するよう連絡済です。 | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |  |  | | | |
|  | **備考欄** | | | |
| 所在地 | | | |  | | | | | | | | | | | | | | | | | |  |  | | | |
| （ＴＥＬ | | | | | | | | | |  | | | | | | ） | |  |
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| ※町記入欄 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |