

5 給与支払報告書(個人別明細書)

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|-----------------|--|-----|--|--|-------------|--|--|--|--|---------------------|--|---------|--|--|-------------|--|--|--|--|-------------------|--|--------|--|--|-------------|--|--|--|--|-----------------------|--|-------|--|--|------|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|
| ※ | | | | | | | | | | ※種別 | | | | | | | | | | ※整理番号 | | | | | | | | | | ※ | | | | | | | | | | | | | | | | | | | |
| 支払を受ける者住所 | | ※区分 | | | | | | | | | | (受給者番号) | | | | | | | | | | (個人番号) | | | | | | | | | | (役職名) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 氏名 | | | | | | | | | | (フリガナ) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 種別 | | | | | | | | | | 支払金額 | | | | | | | | | | 給与所得控除後の金額(調整控除後) | | | | | | | | | | 所得控除の額の合計額 | | | | | | | | | | 源泉徴収税額 | | | | | | | | | |
| | | | | | | | | | | 円 | | | | | | | | | | 円 | | | | | | | | | | 円 | | | | | | | | | | 円 | | | | | | | | | |
| (源泉)控除対象配偶者の有無等 | | | | | 配偶者(特別)控除の額 | | | | | 控除対象扶養親族の数(配偶者を除く。) | | | | | 16歳未満扶養親族の数 | | | | | 障害者の数(本人を除く。) | | | | | 非居住者である親族の数 | | | | | | | | | | | | | | | | | | | | | | | | |
| 老人 | | | | | 特定 | | | | | 老人 | | | | | その他 | | | | | の | | | | | 特別 | | | | | その他 | | | | | | | | | | | | | | | | | | | |
| 有 | | | | | 従有 | | | | | 人 | | | | | 従人 | | | | | 内 | | | | | 人 | | | | | 従人 | | | | | 人 | | | | | | | | | | | | | | |
| 社会保険料等の金額 | | | | | | | | | | 生命保険料の控除額 | | | | | | | | | | 地震保険料の控除額 | | | | | | | | | | 住宅借入金等特別控除の額 | | | | | | | | | | | | | | | | | | | |
| 円 | | | | | | | | | | 円 | | | | | | | | | | 円 | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | |
| (摘要) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生命保険料の金額の内訳 | | | | | 新生命保険料 | | | | | 旧生命保険料 | | | | | 介護医療料 | | | | | 新個人年金保険料 | | | | | 旧個人年金保険料 | | | | | | | | | | | | | | | | | | | | | | | | |
| 円 | | | | | 円 | | | | | 円 | | | | | 円 | | | | | 円 | | | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | |
| 住宅借入金等特別控除の内訳 | | | | | 住宅借入金等特別控除 | | | | | 住宅借入金等特別控除 | | | | | 住宅借入金等特別控除 | | | | | 住宅借入金等特別控除 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 源泉特別控除対象配偶者 | | | | | (フリガナ)氏名 | | | | | 区分 | | | | | 配偶者の合計所得 | | | | | 円 | | | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | |
| 円 | | | | | 円 | | | | | 円 | | | | | 円 | | | | | 円 | | | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | |
| 控除対象扶養親族 | | | | | 1氏名 | | | | | 区分 | | | | | 16歳未満の扶養親族 | | | | | 1氏名 | | | | | 区分 | | | | | 5人目以降の控除対象扶養親族の個人番号 | | | | | | | | | | | | | | | | | | | |
| 円 | | | | | 円 | | | | | 円 | | | | | 円 | | | | | 円 | | | | | 円 | | | | | 円 | | | | | | | | | | | | | | | | | | | |
| 控除対象扶養親族 | | | | | 2氏名 | | | | | 区分 | | | | | 16歳未満の扶養親族 | | | | | 2氏名 | | | | | 区分 | | | | | 5人目以降の16歳未満の扶養親族の個人番号 | | | | | | | | | | | | | | | | | | | |
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| 控除対象扶養親族 | | | | | 3氏名 | | | | | 区分 | | | | | 16歳未満の扶養親族 | | | | | 3氏名 | | | | | 区分 | | | | | 5人目以降の16歳未満の扶養親族の個人番号 | | | | | | | | | | | | | | | | | | | |
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| 控除対象扶養親族 | | | | | 4氏名 | | | | | 区分 | | | | | 16歳未満の扶養親族 | | | | | 4氏名 | | | | | 区分 | | | | | 5人目以降の16歳未満の扶養親族の個人番号 | | | | | | | | | | | | | | | | | | | |
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| 未成年者 | | | | | 外国人 | | | | | 死亡退職者 | | | | | 災害者 | | | | | 乙欄 | | | | | 本人が障害者 | | | | | 寡婦 | | | | | ひとり親 | | | | | 勤労学生 | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 中途就・退職 | | | | | | | | | | 受給者生年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 就職退職 | | | | | | | | | | 元号 | | | | | | | | | | 年 | | | | | | | | | | 月 | | | | | | | | | | 日 | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支払者 | | | | | 個人番号又は法人番号 | | | | | 住所(居所)又は所在地 | | | | | 氏名又は名称 | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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(摘要)に前職分の加算額、支払者等を記入してください。

(市区町村提出用)