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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **令和６年度　給与支払報告書（総括表）**  令和　　年　　月　　日　提出　　　石巻市長　宛て | | | | | | | | |  | 指　定　番　号 | | | | | | | | | |  | | | | | | | 新規 | | | 給与の支払期間 | 令和　　年　　月分から　　月分まで | | | | | | | | | 個人番号または  法人番号 |  |  |  |  |  |  |  | | |  |  |  | |  |  | |  | | | フ　リ　ガ　ナ |  | | | | | | | | 事業種目 | | | |  | | | | | | 給与支払者の  氏名又は名称 |  | | | | | | | | | 受給者総人員 | | | | 人 | | | | | | 所得税の源泉徴収  をしている事務所  又は事業所の名称 |  | | | | | | | | 石巻市への報告人数 | | | | | | | | | | 特別徴収対象者 | | | | 人 | | | | | | 同上の所在地 | 〒 | | | | | | | | 普通徴収対象者  （退職者） | | | | 人 | | | | | |  | | | | | | | | | 普通徴収対象者  （退職者を除く） | | | | 人 | | | | | | 給与支払者が  法人である場合  の代表者の氏名 |  | | | | | | | | 報告人員の合計 | | | | 人 | | | | | | 納入書の送付 | | | | 必要　・　不要 | | | | | | 連絡者の氏名、  所属課、係名  及び電話番号 | 課　　　　　　　　係 | | | | | | | | | 氏名  電話番号　　　　　－　　　　　－ | | | | | | | | 所轄税務署名 | | | | 税務署 | | | | | | 関与税理士等の  氏名及び電話番号 |  | | | | | | | | 給与の支払方法  及び期日 | | | | ・月　給  ・その他（　　　　　　） | | | | | | 氏名  電話番号　　　　　－　　　　　－ | | | | | | | | | 年末調整に  ついて | 前職支払分の給与がある場合、含んでいますか　　　は　い　・　いいえ  含んでいる場合は、個人明細書の摘要欄に金額等を記載してください。 | | | | | | | | | | | | | | | | |   **Y:\財務部\市民税課\【仮】01.個人住民税（フォルダー整理版）\15_契約関係\総括表関係\R2\00.仕様書\素材\code39_99.png**  ●　印字されている事業所名称や所在地等に変更がありましたら、朱書きで訂正してください。  ●　受給者総人員の欄は、石巻市以外に居住する方も含んだ人数を記入してください。  ●　ホチキス留めはしないでください。  ●　給与支払報告書（総括表及び個人別明細書）は正本（１枚）のみ提出してください。  ●　印字されている事業所名称や所在地等に変更がありましたら、朱書きで訂正してください。  ●　受給者総人員の欄は、石巻市以外に居住する方も含んだ人数を記入してください。  ●　ホチキス留めはしないでください。  ●　給与支払報告書（総括表及び個人別明細書）は正本（１枚）のみ提出してください。 | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **令和６年度　給与支払報告書（総括表）**  令和　　年　　月　　日　提出　　　石巻市長　宛て | | | | | | | | |  | 指　定　番　号 | | | | | | | | | |  | | | | | | | 新規 | | | 給与の支払期間 | 令和　　年　　月分から　　月分まで | | | | | | | | | 個人番号または  法人番号 |  |  |  |  |  |  |  | | |  |  |  | |  |  | |  | | | フ　リ　ガ　ナ |  | | | | | | | | 事業種目 | | | |  | | | | | | 給与支払者の  氏名又は名称 |  | | | | | | | | | 受給者総人員 | | | | 人 | | | | | | 所得税の源泉徴収  をしている事務所  又は事業所の名称 |  | | | | | | | | 石巻市への報告人数 | | | | | | | | | | 特別徴収対象者 | | | | 人 | | | | | | 同上の所在地 | 〒 | | | | | | | | 普通徴収対象者  （退職者） | | | | 人 | | | | | |  | | | | | | | | | 普通徴収対象者  （退職者を除く） | | | | 人 | | | | | | 給与支払者が  法人である場合  の代表者の氏名 |  | | | | | | | | 報告人員の合計 | | | | 人 | | | | | | 納入書の送付 | | | | 必要　・　不要 | | | | | | 連絡者の氏名、  所属課、係名  及び電話番号 | 課　　　　　　　　係 | | | | | | | | | 氏名  電話番号　　　　　－　　　　　－ | | | | | | | | 所轄税務署名 | | | | 税務署 | | | | | | 関与税理士等の  氏名及び電話番号 |  | | | | | | | | 給与の支払方法  及び期日 | | | | ・月　給  ・その他（　　　　　　） | | | | | | 氏名  電話番号　　　　　－　　　　　－ | | | | | | | | | 年末調整に  ついて | 前職支払分の給与がある場合、含んでいますか　　　は　い　・　いいえ  含んでいる場合は、個人明細書の摘要欄に金額等を記載してください。 | | | | | | | | | | | | | | | | |   **Y:\財務部\市民税課\【仮】01.個人住民税（フォルダー整理版）\15_契約関係\総括表関係\R2\00.仕様書\素材\code39_99.png** |