## Declaration (Assessment) Form for Personal Losses in Cases of Disaster Declare for losses from disaster are as follows: Please issue a certificate of losses from disaster after examination so that it can be used to claim a deduction individual income tax for the year that disaster occurs.

|                     |  |                  |       |    | 1                      | ist i tease issue a e  |   |                    | ll address) 市      |   |                        | 路   |   |                                    |                              |                 | (Telephone No.                          |   |  |
|---------------------|--|------------------|-------|----|------------------------|------------------------|---|--------------------|--------------------|---|------------------------|---|---|------------------------------------|------------------------------|-----------------|---|---|--|
| Applicant's name    | ,  |                  |       |    | seal                   |                        | Registered                                    | 1 residence        | If address) 小      |   | - <sup>州</sup><br>1 段巷 |   | 之 ( 室)  |                                    |                              | _               | (Telephone Ivo.                         |   |  |
|                     |  |                  |       |    |                        |                        | 6   |                    |                    |   |                        |   |   |                                    | Day                          |                 |   |   |  |
| ID No.              |  |                  |       |    |                        |                        | Address where the dis aster occurred (Full ad |                    | l address) 市<br>縣  | 區市 里<br>鎮鄉 村  | 鄰<br>段 巷               | 路<br>弄 號之   | (   | 室)                                 |                              | (Night          |   |   |  |
|                     |  |                  |       |    | Relations              | nip with the a         | G   |                    |                    |   |                        |   |   |                                    |                              |                 | Telephone No.                           |   |  |
| Contact person      | L  |                  |       |    | pplicant               |                        | Contact Address in the<br>R.O.C               |                    |                    |   |                        |   |   |                                    |                              |                 |   |   |  |
| Date of application | (D/M/Y) 年月日  |                  |       |    | Date disaster occurred |                        | (D/M/Y) 年月日                                   |                    |                    | Cause of disaster Did you receive any payments from |                        |   |   | payments from insura<br>No. Yes, A |                              |                 |   |   |  |
|                     | Column to be filled in by the applicant  |                  |       |    |                        |                        |   |                    |                    |   |                        |   | Column to be filled in by the tax authorities |                                    |                              |                 |   |   |  |
| Title of property   | Brand name   | Qua              | ntity |    | vner<br>No.            | Relationship<br>pplica |   | Date of acquisitio | n Amount of acquis | Declared degree to<br>which it is damage            |                        | Actual degree to w<br>hich it is damaged  | Years<br>of use                               | Remaining<br>value                 | Balance not yet de preciated | Assessed amount | Attachment for suppor<br>ting documents | • Explanations of the as<br>sessed amount |  |
|                     |  |                  |       | ID | NO.                    |                        |   |                    |                    | d (%)   |                        | (%)   |   |                                    |                              |                 |   |   |  |
|                     |  |                  | -     |    |                        |                        |   |                    |                    |   |                        |   |   |                                    |                              |                 |   |   |  |
|                     |  |                  | -     |    |                        |                        |   |                    |                    |   |                        |   |   |                                    |                              |                 |   |   |  |
|                     |  |                  | -     |    |                        |                        |   |                    |                    |   |                        |   |   |                                    |                              |                 |   |   |  |
|                     |  |                  | -     |    |                        |                        |   |                    |                    |   |                        |   |   |                                    |                              |                 |   |   |  |
|                     |  |                  |       |    |                        |                        |   |                    |                    |   |                        |   |   |                                    |                              |                 |   |   |  |
|                     |  |                  |       |    | otal                   |                        |   |                    |                    |   | Total                  |   |   |                                    |                              |                 |   |   |  |
| 公田                  | To:<br>Branch/Office/Service Station,<br>National Tax Administration,<br>Ministry of Finance<br>1. Please attach the certificates or documents for your loss when declaring such as: photos, certificates issued by the police stations or docum<br>ents approved by li/village chiefs and the certificates for acquisition of the lost property (if there is no such certificate, please list the time and amount<br>of its acquisition) for assessment.<br>2. In the case that preparations are being made for the repair of the damaged property, please attach the estimate form. After examination by t<br>he clerks of this Branch (Office, Service Station), attach the uniform invoice or receipt to determine the actual amount.<br>3. Please file within 30 days after the disaster occurs. (If there should be other provisions by the Ministry of Finance for this period, you may<br>file accordingly.) |                  |       |    |                        |                        |   |                    |                    |   |                        | 1.    Assessment made by:   Branch/ Office/ Service Station,   National Tax Administration,    Ministry of Finance    Issuance No.: |   |                                    |                              |                 |   |   |  |
| 承辦人                 |  | 課(股)長 複核 分局長(主任) |       |    |                        |                        |   |                    |                    |   |                        |   |   |                                    |                              |                 |   |   |  |