様式第3号（第7条関係）

**給　　与　　証　　明　　書**

年 月 日

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|  | 住所 |
| （事業主） | 商号名　　　　　　　　　　　　　㊞ |

下記のとおり証明します。

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| 住所 | | | |  | | | | | | | | | | | | | | 職務内容 | | | | | |  | | | | | | | |
| 氏名 | | | |  | | | | | | | | | | | | | |
| 区　　分 | | | | | | | | | | | 今月分 | | | | | | | 前月分 | | | | | | | | 前々月分 | | | | | |
| 勤務日数 | | | | | | | | | | | 日 | | | | | | | 日 | | | | | | | | 日 | | | | | |
| 給与額 | | | | | 基本給 | | | | | | 円 | | | | | | | 円 | | | | | | | | 円 | | | | | |
| 家族手当 | | | | | | 円 | | | | | | | 円 | | | | | | | | 円 | | | | | |
| 住居手当 | | | | | | 円 | | | | | | | 円 | | | | | | | | 円 | | | | | |
| 時間外手当 | | | | | | 円 | | | | | | | 円 | | | | | | | | 円 | | | | | |
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| 控除額 | | | | | 所得税 | | | | | | 円 | | | | | | | 円 | | | | | | | | 円 | | | | | |
| 市県民税 | | | | | | 円 | | | | | | | 円 | | | | | | | | 円 | | | | | |
| 健康保険料 | | | | | | 円 | | | | | | | 円 | | | | | | | | 円 | | | | | |
| 厚生年金保険料 | | | | | | 円 | | | | | | | 円 | | | | | | | | 円 | | | | | |
| 雇用保険料 | | | | | | 円 | | | | | | | 円 | | | | | | | | 円 | | | | | |
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| 差引支給額（ア）－（イ） | | | | | | | | | | | 円 | | | | | | | 円 | | | | | | | | 円 | | | | | |
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記入上の注意

この証明書は、国民健康保険一部負担金の免除・減額・徴収猶予の申請のため、長洲町長に対し、世帯主が収入状況の申告をする場合に必要なものです。

　今月及び前2月分の期間におけるすべての給与額及び控除額（今月分は見込額可）について、それぞれ内訳を明らかにして記入してください。