

# \_\_\_\_\_年度稅務用途金融帳戶資訊申報書

## \_\_\_\_\_ Financial Account Information in Tax Matters (CRS) Return

此致

財政部\_\_\_\_\_國稅局

To National Taxation Bureau of \_\_\_\_\_, Ministry of Finance, the Republic of China (Taiwan)

\*表示必填

申報原因* Reporting reason	<input type="checkbox"/> 法定期限內申報 Report within the statutory period <input type="checkbox"/> 逾法定期限申報 Report after the statutory period <input type="checkbox"/> 更正已申報資料 Correct the reported data <input type="checkbox"/> 測試申報 Test reporting <input type="checkbox"/> 已核准展延申報 Report within the approved extension period (核准文號 Approved document No.: _ _ _) <input type="checkbox"/> 因消滅提前申報 Filing in advance due to ceasing to exist (消滅日期 Date of ceasing to exist: ___-___-___ 核准文號 Approved document No.: _____)
申報書屬性* Return Type	<input type="checkbox"/> 新增資訊 New information <input type="checkbox"/> 修正或刪除已申報資訊 Corrections/deletions for previously sent information <input type="checkbox"/> 經審查無「應申報帳戶」及「無資訊帳戶」，第二部分免填 There is no data to report. Please skip Part II
申報資訊內容* Reporting Group	應申報帳戶 _____ 件 The number of Reportable Account 無資訊帳戶 _____ 件 The number of undocumented account
聯絡人* Contact Person	姓名 Name
	電話 Phone Number
	電子郵件 Email Address

### 第一部分：申報金融機構

## Part I: Information of Reporting Financial Institution

申報類型* Data Type	<input type="checkbox"/> 新增資訊 New Data	<input type="checkbox"/> 更正資訊 Corrected Data	<input type="checkbox"/> 刪除資訊 Deletion of Data	<input type="checkbox"/> 重送資訊 Resent Data
名稱* Name				
識別碼* IN				
負責人姓名 Name of Representative				
地址* Address	室、樓層、大樓、街道、地區等(如有) Suite, Floor, Building, Street, District (if any)			
	鎮/市/省/縣/州等 Town/City/Province/County/State			
	國家/地區 Country/Jurisdiction			
	郵政編碼/郵遞區號(如有) Post Code/ZIP Code (if any)			

申報金融機構自行申報

Filing by Reporting Financial Institution

申報金融機構授權他人代理執行盡職審查及/或申報，請填寫下列基本資料

If Reporting Financial Institution delegated a person to fulfill the due diligence and/or reporting obligations, please complete the following information.

◎ 代理人基本資料

Information of the delegated person

代理人名稱 Name of the Delegated Person	
識別碼 IN	
營業地址或通訊地址 Business Address or Mailing Address	

## 第二部分：帳戶申報

### Part II: Account Report

#### 一、帳號 Account Number

申報類型* Data Type	<input type="checkbox"/> 新增資訊 New Data	<input type="checkbox"/> 更正資訊 Corrected Data	<input type="checkbox"/> 刪除資訊 Deletion of Data	<input type="checkbox"/> 重送資訊 Resent Data
帳號* Account Number		帳號類型* Account Number Type	<input type="checkbox"/> 國際銀行帳號 International Bank Account Number (IBAN)	
			<input type="checkbox"/> 其他銀行帳號 Other Bank Account Number (OBAN)	

		<input type="checkbox"/> 國際證券識別碼 International Securities Information Number (ISIN) <input type="checkbox"/> 其他證券識別碼 Other Securities Information Number (OSIN) <input type="checkbox"/> 任何其他形式帳號，如保險契約 Any other type of account number, e.g. insurance contract (Other)
<input type="checkbox"/> 無資訊帳戶 Undocumented account <input type="checkbox"/> 終止帳戶 Closed account		

## 二、帳戶持有人 Account Holder

個人 Individual

姓名* Name	姓氏* Last Name	
	中間名 Middle Name	
	名字* First Name	
地址* Address	室、樓層、大樓、街道、地區等(如有) Suite, Floor, Building, Street, District (if any)	
	鎮/市/省/縣/州等 Town/City/Province/County/State	
	國家/地區 Country/Jurisdiction	
	郵政編碼/郵遞區號(如有) Post Code/ZIP Code (if any)	
稅務居住地國家/地區代碼* Code of Country/Jurisdiction of Tax Residence		稅務識別碼* Taxpayer Identification Number or functional equivalent number ("TIN")
出生日期(西元 年-月-日)* Date of Birth (yyyy-MM-DD)	出生城市 Town or City of Birth	出生國家或地區代碼 Code of Country/Jurisdiction of Birth

實體 Entity

名稱* Name	
地址* Address	室、樓層、大樓、街道、地區等(如有) Suite, Floor, Building, Street, District (if any)
	鎮/市/省/縣/州等 Town/City/Province/County/State
	國家/地區 Country/Jurisdiction

郵政編碼/郵遞區號(如有) Post Code/ZIP Code (if any)	
稅務居住地國家/地區代碼* Code of Country/Jurisdiction of Tax Residence	稅務識別碼* Taxpayer Identification Number or functional equivalent number ("TIN")
實體類型* Entity Type	<input type="checkbox"/> 積極非金融機構實體 Active Non-Financial Entity (NFE) <input type="checkbox"/> 消極非金融機構實體為應申報國居住者，其具控制權之人中 1 人以上為應申報國居住者 A Passive NFE is a Reportable Person, with one or more Controlling Persons that is a Reportable Person <input type="checkbox"/> 消極非金融機構實體為應申報國居住者，其具控制權之人均非應申報國居住者 A Passive NFE is a Reportable Person, without any Controlling Persons that is a Reportable Person <input type="checkbox"/> 消極非金融機構實體非為應申報國居住者，其具控制權之人中 1 人以上為應申報國居住者 A Passive NFE is NOT a Reportable Person, with one or more Controlling Persons that is a Reportable Person

具控制權之人 Controlling Person

(帳戶持有人為消極非金融機構實體者，其具控制權之人中 1 人或多人為應申報國居住者，請填寫此部分)

If the account holder is a Passive NFE with one or more Controlling Persons that is a Reportable Person, please complete this section.

姓名* Name	姓氏* Last Name	
	中間名 Middle Name	
	名字* First Name	
地址* Address	室、樓層、大樓、街道、地區等(如有) Suite, Floor, Building, Street, District (if any)	
	鎮/市/省/縣/州等 Town/City/Province/County/State	
	國家/地區 Country/Jurisdiction	
	郵政編碼/郵遞區號(如有) Post Code/ZIP Code (if any)	
稅務居住地國家/地區* Code of Country/Jurisdiction of Tax Residence	稅務識別碼* Taxpayer Identification Number or functional equivalent number ("TIN")	
出生日期(西元年-月-日)* Date of Birth	出生城市 Town or City of Birth	出生國家或地區代碼 Code of Country/Jurisdiction of Birth

(yyyy-MM-DD)		

◎具控制權之人類型\* Type of Controlling Person

實體類型 Entity Type	具控制權之人類型 Type of Controlling Person
法人 Legal Person	<input type="checkbox"/> 直接或間接持有實體之股份、資本或權益超過 25%者 Individual who exercises control over an Entity owning directly or indirectly more than 25 percent of the Entity's shares, capital, or equities <input type="checkbox"/> 透過其他方式對該實體行使控制權者 Individual who exercises control over the Entity through other means <input type="checkbox"/> 該實體之高階管理人員 Individual who holds the position of senior managing official
信託 Trust	<input type="checkbox"/> 委託人 Settlor <input type="checkbox"/> 受託人 Trustee <input type="checkbox"/> 信託監察人 Protector <input type="checkbox"/> 受益人 Beneficiary <input type="checkbox"/> 其他(對該信託行使最終有效控制權之自然人) Other (any other individual exercising ultimate effective control over the trust)
除信託以外其他法律安排 Legal Arrangement other than Trust	<input type="checkbox"/> 具相當或類似委託人地位之人 Individual in a position equivalent/similar to settlor <input type="checkbox"/> 具相當或類似受託人地位之人 Individual in a position equivalent/similar to trustee <input type="checkbox"/> 具相當或類似信託監察人地位之人 Individual in a position equivalent/similar to trust protector <input type="checkbox"/> 具相當或類似受益人地位之人 Individual in a position equivalent/similar to beneficiary <input type="checkbox"/> 其他(具相當或類似對該法律安排行使最終有效控制權地位之人) Other (Individual in a position equivalent/similar to individual exercising ultimate effective control over the legal arrangement)

三、財務資訊 Financial Information

帳戶餘額或價值* Account balance or value		貨幣代碼* Code of Currency	
支付類型* Payment Type	支付或記入之股利總額 Total gross amount of dividends paid or credited		
	支付或記入之利息總額 Total gross amount of interest		

	paid or credited			
	支付或記入之出售或贖回金融資產收入總額 Total gross proceeds from the sale or redemption of Financial Assets paid or credited			
	其他由該等帳戶持有之資產產生之收入總額 Total gross amount of other income generated with respect to the assets held in such account, in each case paid or credited			

### 第三部分 聲明

#### Part III: Declarations

本機構聲明已依「稅捐稽徵法第 5 條之 1」及「金融機構執行共同申報及盡職審查作業辦法」規定執行盡職審查，申報應申報帳戶及無資訊帳戶相關資訊，以執行稅務用途金融帳戶資訊交換；所填報所有資料與陳述均為真實、正確及完整，如有未遵從盡職審查程序或未據實填報正確資料之情事，應依稅捐稽徵法及其他相關規定處罰。

We declare that we have performed due diligence and reported the relevant information of Reportable Accounts and undocumented accounts for the purpose of exchange of financial account information in accordance with Article 5-1 of the Tax Collection Act and the Regulations Governing the Implementation of the Common Standard on Reporting and Due Diligence for Financial Institutions. We certify that the information given and statements made in this form are, to the best of our knowledge and belief, true, correct and complete. We shall be subject to the applicable penalties under the Tax Collection Act and other related regulations, if we violate the procedure of due diligence or fail to submit truthful information.