領　　款　　憑　　單

一、中華民國境內居住之個人：１．薪資所得（工資、津貼、獎金、車馬費）應代扣所得稅5％。

２．競賽機會中獎獎金應代扣所得稅１０％。３．執行業務所得（稿費、版稅、講演費）１０％。惟每人每月應扣繳稅額不超過新台幣二千元者，免予扣繳。

二、非中華民國境內居住之個人（外籍人士、華僑、大陸地區人民）：按給付額一律代扣18％。除稿費、版稅、講演之鐘點收入(註1)，每次給付額不超過新台幣五千元者，免予扣繳。

三、外籍、華僑須詳填國籍、中英文姓名、住址、出生年、月、日，並附上一份護照影本、居留證影本。註一：講演之鐘點收入指演講費。

中　華　民　國 年 月 日

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| 茲　　收　　到  馬 偕 醫 學 院「 審查費 」  新台幣　　　零 萬 仟　 佰　 拾　　 元整  －代扣補充保費　　萬　　　仟　　　佰　　　拾　　　元整  －代扣所得稅　　　萬　　　仟　　　佰　　　拾　　　元整  實發金額　　零 萬　 仟　 佰　 拾　 　元整  ( 簽 章 )  領 款 人：  ＜以下資料請務必填寫清楚＞   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 現住  戶籍  住址 | 郵遞  區號 |  | 縣　　　鄉(市) 　　　村  　　 市　　　鎮區　　　　　里　　 　鄰 | | | | | | | | | | | | | | | 號之  　　　 路(街) 段 巷 弄  樓之 | | | | | | | | | | | | | | | | | 國民身份證統一編號 | | | | |  |  |  |  |  | |  |  | |  |  |  | | 護　照　字　號 | | | | (附影本) | | | | | | 國籍 | | |  | | | | | 居 留 證 編 號 | | | | (附影本) | | | | | | | | | | | | | |

**本人同意授權馬偕醫學院，將審查費以轉帳方式撥入本人所提供之指定帳戶。**

立同意書人簽名或蓋章： 年 月 日

【請黏貼存簿正面影本】