

## Application for Payment from Employees' Income Tax Withholding Statement

Agency Code:

Agency Name:

Application Item	Application Reason	Insured Unit's Code /Labor Insurance Certificate Number /Contribution Unit's Number	Insured Unit's Name	Contact Person	Phone Number
<input type="checkbox"/> National Health Insurance Premium	<input type="checkbox"/> New		<input type="checkbox"/> Same as Agency Name <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Cancel				
<input type="checkbox"/> Labor Insurance Premium	<input type="checkbox"/> New		<input type="checkbox"/> Same as Agency Name <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Cancel				
<input type="checkbox"/> New Labor Pension	<input type="checkbox"/> New		<input type="checkbox"/> Same as Agency Name <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Cancel				

Note:

1. Insured Unit's Code (National Health Insurance) /Labor Insurance Certificate Number: Please fill in 9-digit number. Contribution Unit's Number (New Labor Pension): Please fill in 10-digit number. Insured Unit's Name: Please fill in the full name.
2. If there is any change in the listed information, please fill out this statement in the Electronic Payment System of Treasury and transfer it to the National Treasury Administration, Ministry of Finance (NTA). Agencies that have not participated in electronic payment, please attach this application statement with the official document and send it to the NTA for filing and checking.
3. To download the blank form, please go the NTA World Wide Web (URL: <https://www.nta.gov.tw>).