

☐ Taxpayer (Including Disabled Person and Disabled Person who is a foreigner) 65 Years of Age or Older

[illegible]

Taxpayer Identification No.

Date of Birth...../...../.....(DD/MM/YYYY)

First Name.....Surname.....  
(Please clearly specify title: Mr., Mrs., Miss, or others)

Income after deduction\*\*  
of exemption to be filled in  
0.0.0.94

- Spouse

Spouse

Spouse

- Spouse

- Spouse

- Spouse

- Spouse

- 7) Spouse

- the Taxpayer

Date.....  
(DD/MM/YYYY)

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