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(Financial Year) Municipal and Prefectural Tax Declaration (Income for the year 20)

整理番号	
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To the Mayor of Minoh City	Furigana													Address on Jan. 1	Minoh City										
	Name													㊟	Current address	As above									
	Y M D	Date of birth	Meiji Showa Taisho Heisei				Y			M			D	Phone number	Home Mobile	Relation to head of household									
本人・代理人・使 者 免・個・()	My Number (individual number)													Name of representative		Relation to applicant									
番号確認														Address of representative		As above									
個・通 住民票・システム																									

1. Income (1)

Do you receive an income? (☒ Yes , ☐ No)

If 'Yes' please fill out below, if 'No' please fill out section 7.

※If you receive dividends, capital gains, occasional income, or interest as income, please fill out section 11.

Salary	Workplace()	Workplace()	Workplace()	Total earnings from salary ¥						
	¥	¥	¥	50						
Public pension (excluding survivor's and disability pension)	Japan Pension Service	Mutual Aid Association	Pension Fund	Total earnings from public pension ¥						
	¥	¥	¥	51						

	A. Earnings ¥	B. Necessary expenses ¥	C. Deduction for family employees ¥					Income A-B-C ¥							
★ Please see reference 1)			190						78						

	A. Earnings ¥				B. Necessary Expenses ¥				Income A-B ¥			
Miscellaneous (Other than public pension)	52								86			

2. Deductions from income

Casualty loss deductions	Reason for loss	Date of loss	A. Amount of loss ¥	B. Amount compensated by insurance ¥	Balance (A-B) ¥																				
					145																				
Medical expense deductions	A. Paid Medical expenses/medicine and medical supplies ¥				B. Amount compensated by insurance ¥				Balance (A-B) ¥				※Those who are reporting medical expense deductions/self medication taxation must attach a detailed list of particulars.												
	150																								
Self medication taxation system	150																								
Social insurance premium deductions	National Health Insurance ¥		Late Stage Medical Care Insurance for the Elderly ¥		Long-Term Care Insurance ¥				National Pension ¥				Social insurance/continuous voluntary coverage ¥												
	A				B					C					D					E					
Private life insurance premium deductions	Former policy contracts (before 31 December 2011)								Current policy contracts (since 1 January 2012)																
	General insurance ¥				Pension insurance ¥				General insurance ¥				Pension insurance ¥				Medical/long-term care insurance ¥								
	161					162					157					158					156				
Earthquake insurance premium deductions	Earthquake insurance premium ¥		164				Former System Long-term damage insurance premium ¥		165					Small business mutual aid premium deduction ¥				159							

Do you have any dependent relatives? (yes) (no) ※If you have any dependent relatives living seperately from you, please fill out section 4 as well

Name of spouse								Date of birth						Living together apart		★ Please see reference 2)						
My Number		332																				
Spouse's earnings		Salary earnings ¥						Pension earnings ¥						Other income ¥								
Dependent relatives	Name								Date of birth						<input type="checkbox"/> Under age 16		Relationship				★ Please see reference 2)	
	My Number		344													Live together separately						
	Name								Date of birth						<input type="checkbox"/> Under age 16		Relationship				★ Please see reference 2)	
	My Number		356													Live together separately						
	Name								Date of birth						<input type="checkbox"/> Under age 16		Relationship				★ Please see reference 2)	
	My Number		368													Live together separately						
Name								Date of birth						<input type="checkbox"/> Under age 16		Relationship				★ Please see reference 2)		
My Number		380														Live together separately						
Please circle the answer that applies to you		1	★ Please see reference 3)						Select a reason				★ Please see reference 4)									
2		★	Please see reference 2)						3 Working student				School name:									

★Reference★

1)	<u>(Sales)</u> <u>(Real estate)</u> <u>(Agriculture)</u>		
2)	Disability	Physical • Mental • Rehabilitation level []	
<p>① Woman who: 1) is widowed, divorced, or it is unclear if her husband is alive or not, 2) has not remarried, and 3) has a dependent, or child (who is not a dependant of anyone else) in the same household whose total yearly income is ¥380,000 or less.</p> <p>OR Woman who 1) is widowed or it is unclear if her husband is alive or not, 2) has not remarried, and 3) has a total yearly income of ¥5,000,000 or less</p>			
3)	<p>② Woman who: 1) is widowed, divorced, or it is unclear if her husband is alive or not, 2) has not remarried, 3) has a dependent child in the same household, and 4) has a total income of ¥5,000,000 or less</p> <p>③ Man who 1) is widowed, divorced, or who it is unclear if his wife is alive or not, 2) has not remarried, 3) has a total yearly income of ¥5,000,000 or less, and 4) has a child (who is not a dependant of anyone else) living in the same household whose total yearly income is ¥380,000 or less.</p>		
4)	<p>① Deceased Spouse ② Divorce</p> <p>③ Unclear if spouse is alive or not</p>		

3. Earnings from wages

Those who participate in work such as day labor and part time work, who cannot attach a tax withholding statement, please fill out below.

Work place	Name		Phone number	
	Address			
Month	Daily wages ¥	No. of days worked	Earnings for the month ¥	
Jan				
Feb				
Mar				
Apr				
May				
Jun				
Jul				
Aug				
Sep				
Oct				
Nov				
Dec				
Bonus, etc.				
Total				

4. Dependents living separately from you

Name	Address

5. Business tax

(Those who submit this form do not need to submit a business tax declaration form)

Tax exempt income	Amount of income ¥	
Real estate income prior to special exemption on profits and losses	¥	
Losses on transfer of business asset	Type of asset	Amount of losses • losses caused by natural damage (white) ¥
If business was opened or closed in the past year	Opening date • closing date	month • day
<input type="checkbox"/> Office in another prefecture		

6. Selection of method of taxation for listed stock

If you select a taxation method that differs to your Final Tax Return (Income Tax), please check one of the boxes below. If so, you will need to attach a duplicate Final Tax Return Form as well as a copy of any attached documents.

- ☐ Option to not report any listed stock for municipal and prefectural tax.
- ☐ Option to not report the following listed stock for municipal and prefectural tax. (Any stock that is not written below will be automatically reported.)

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10. Family employee

Name	My Number	Relationship	Date of birth	Months employed	Type of work	Deduction for family employee ¥

11. Income (2)

		A. Earnings ¥	B. Necessary expenses ¥	Resident's tax special collection tax amount ¥	Income A-B ¥	
Dividends				236	83	
Comprehensive capital gains	Short term			Special deduction	a	94
	Long term				b	95
Occasional income				c	89	
					a + [(b+c) × 1/2] =	90
Interest		82	※You do not need to report interest that has already had prefectural tax collected.			

7. For those who did not receive an income, circle and fill in the relevant item below.

1 I lived on an allowance or support. (Name of supporter) _____ (relationship) _____ (Address) _____ live together
2 I lived on <div style="display: flex; justify-content: space-around;"> <unemployment insurance> <survivor's pension> <disability pension> </div>
3 I lived on my savings.
4 Other (reason)

8. Method of payment for municipal and prefectural taxes

1) Please check one of the options below if you have a preference for payment method for municipal and prefectural tax relating to income other than that from salary or public pension (If you are under 65 years of age, it is relating to income other than that from salary.)

<input type="checkbox"/> Deduct from salary (special collection)
<input type="checkbox"/> Pay by myself (normal collection)

(2) I will pay municipal and prefectural tax relating to specified salary by myself.

<input type="checkbox"/> I will pay municipal and prefectural tax relating to specified salary by myself. <Name of company providing main salary> (The company which provides the salary that Municipal and Prefectural Tax will be deducted from [special collection]) _____ ※Municipal and prefectural tax relating to income other than from your main salary will be paid by normal collection (by yourself) [Notes] ※Attach your tax withholding statement from all places of work (photocopy is allowed) ※Depending on your amount of income/deductions, it may only be possible to collect from your salary. ※You must file this declaration every year. If you do not, Municipal and Prefectural Tax will be deducted from your salary.
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9. Donations

If you have donated to any of the following organisations, write the amount of donation below. Prefectural or local governments, Osaka Pref. Community Chest ("Akaihan"), Japan Red Cross Society Osaka Pref. Branch, and any donations to organisations designated by Osaka Pref. or Minoh City.

Prefectural and local governments (Furusato Nozei)	183	¥
Osaka Prefecture Community Chest ("Akaihan"), Japan Red Cross Society Osaka Prefecture Branch	169	¥
Donations to organisations designated by ordinance	182	¥
Designated by Osaka Prefecture		
Designated by Minoh City	181	¥