| 5 | | Fill in applicable sections even if you did not have any income, because it is nec Insurance, Medical Care System for Older Senior Citizens, National Pension, Childrea Exemption. Provided support and/or assistance from below: | | | | | | | | | | | | | | | | |
|--|--|--|--|----------------------------|--|--------------|--------------|-----------------------------|--------------|--------------|--|--------------------------------|-------------------------------|----------------------------------|-----------------------|---|-------------------|--------|
| | | Address Name | | | | | | | | | | | Phone | Number | | | | |
| | For Person without | | | | | | | | | | | = | Phone Number Relationship | | | | | |
| _ : | Pe | Receiving benefits from Unemployment Insurance, Workers Compensation Insura | | | | | | | | | tc | - (| | • | | | | |
| Income | US. | | | | | | | | | | | | - | nth/day) 's Pension·Disability I | | Dono | ·—— | |
| THE S | Ŏ S | Receiving Pension (Circle One) | | | | | | | | | | | Survivor | s Pension Disability i | ension weitar | e Pens | ion | |
| | /ith | Receiving livelihood assistance based on the Public Assitance Act. | | | | | | | | | Fr | om (year/r | nonth/da | ay) | to | (| Until Now) | |
| | tuo tuo | | Other (e.g., by Deposits and savings.) | | | | | | | | | | | | | | | - |
| 6 | | Please fill in the section 3 "Dependent Relatives." If your dependent family men Name Address | | | | | | | | | 's live abroad, you need to submit a family member certificate and a certific Name Address | | | | | tificate | of bank trai | nsfer. |
| Sep | Dependen Relatives | | INC | anic | | | Address | | | | Name | | | , tudi occ | | | | |
| iving | | | | | | | | | | | | | | | | | | |
| ely | | | | | | | | | | | | | | | | | | |
| 7 | Ì | If you do not have tax withholding record, fill in the following. | | | | | | | | | | | | | | | | |
| ' | - | Mont | h Inco | me Amount | Social Insurance Premium | August | | yen | | yer | 1 | Name | | | Phone I | Phone Number | | |
| | | Janua | ry | ye | n yen | September | | yen | | yer | ı 🗜 | A d dua a a | | | T | Tour of Duty | | |
| Payment Slip | | Februa | iry | ye | | October | | yen | | yer | ace | Address | | | 1 our o | (mc | | |
| | | Marc | :h | • | | November | | • | | | 으 | Name | | | Phone I | Phone Number | | |
| | | Apr | i | ye | | December | | yen | | yer | - mp | ۸ ما ما م | | | Tour of Duty | | from ~ | |
| = = | nt Slip | May | | ye | | Summer Resea | | yen | | yer | ĭ | Address | | | I our o | uuty | (month) | |
| ŧ | | - | | уе | n yen | Modes Descri | | yen yen | | yer | nent | Name | | | Phone I | Number | er | |
| | | June | | ye | | | | | | yen | 1 | Address | | | Tour | Tour of Duty from | | |
| | | July | ′ | уе | n yen | yen | | | yer | 1 | 7 (000 | | | | (month) | | | |
| 8 | | ا | f applica | ble to home | worker, expen | diture | up to | 550,000 yen | can be | appro | ved. | Excluded | when t | here is a salary. | | | | |
| | ooni | | Iten | ns | | | Plac | e where Income Occ | urs | | | | | | | | | |
| Rea | Mis Mis | | S | ales | | yer | ⊣ ⊢ | Cost of Sale | | | | | yer | | | | | yen |
| e S | Miscellaneous Income, Business income, | Total Income | | | | yen | | Taxes and Du | | | | | yer | | | у | | yen |
| tate | | ıl İnc | | | yen yen yen yen | | Dess Dens | Utility Expens | | | | yon | | 1 | /ee | • | | yen |
| | | ome | | | | | ary ses | Repair Costs Depreciation C | | | | | yer | |) | У | | yen |
| me, | | Œ | Total In | come (A) | | | , | Wages and Sala | | | | yen (| | Total Expense |) | W | | |
| | | | | | | 11.09.0 | | | | | | A) - (B) | | yer | | yen ven | | |
| * For di | vidend a | and stock transfer incomes of listed stocks (9 and 10), if you chose a different taxation method from the one used in you | | | | | | | | our final ir | ncome to | ax return, filing | of Municipal | Resident's tax and Metropolit | an Resident's tax dec | claration v | vill be required. | |
| 9 | | | | | icate copy of t w, use optional | | | | | | | | final income tax r s form. | eturn. If the i | inform | nation car | not | |
| <u> </u> | <u>.</u> | No. | | e Company or iduct | Category (Circle or | | | | | Necess | | ary Expen | ses ' | Amount of Taxes Withheld | Allocated Div | idends | Paymen 2021/ | t Date |
| Dividend Income | | | | I | Listed · Common · Investment Tru | | | | | yen | | | | yen yen | | ує | | |
| ena | end | | | | Taxation method on dividend income of listed stock | | | | |) No | | leclaration req | uired C | Consolidated taxation | Separate 1 | taxation | 2021/ | |
| ₹ | | | | | Listed · Common · Investment T | | | y | | yen | | yen declaration required | | yen | | yer Separate taxation | | |
| ě | | | | | axation method on dividend income of listed stock | | | 1 | | | No d | | | Consolidated taxation | Separate 1 | | | |
| Ф | | | | | Listed · Common · Investment Trust Taxation method on dividend income of listed stock (Please check the applicable | | | | | yen) | No d | yen declaration required | | yen Consolidated taxation | Separate 1 | yen 2021 / | | |
| 10 |) | | | | icate copy of t | he det | ailed : | statements ev | en if you | u plan | | | | final income tax r | eturn. If the | inform | nation car | not |
| | | DB | IIT IN TNO | space Delo | w, use optional form to record the information nece | | | | | cessa | y an | u attach | ic to thi | . to this form. | | Amount of Doduction for In | | -m-c |
| Fut | Stock transfer | No. | | e Company or iduct | Category (Circle one) Listed · Common · Investment Trust Taxation method on dividend income of listed stock (i Listed · Common · Investment Trust | | |) Inco | ycı | | cessa | ary Expen | ses ' | | | Amount of Deduction for Inc Allocation from Transferring | | |
| Lis | | \vdash | | 1 | | | | st | | | | | | | Si | Stocks etc. | | |
| S G | | | | F | | | | | | | No d | leclaration req | yen uired | yen Separate taxation | | | | |
| ran Cu | | H | | ı | | | | | | | | yen | | yen | | | | yen |
| tsic | | | | | Taxation method on dividend income of listed stock (Please check the applicable box) | | | | | _ | No d | leclaration req | | Separate taxation | | | | yon |
| (Listed · Outside), Futures Transactions | Je | | | I | isted · Common · Investment Trust | | | st | yen | | | yen | | yen | | у | | |
| S | | | | | Taxation method on dividen | d income of | listed sto | ck (Please check the app | olicable box |) | No d | leclaration req | | Separate taxation | | | | |
| 11 | Ti | mber income, Retirement income, Capital gains (separate taxation) | | | | | | | | | | Matter | s Rega | rding Business t | ax | | | |
| Classifi | cation | | | | | | | | 1 | E: | empt income etc. ven | | | Type of A | Type of Assets | | | |
| come | . unoull | | | pecial Deducton for Blue R | yen | | | huon | _ | Except | from Real Estate be ion of Profit and Los nd Exit of Busine | Aggregation | | Amount of disaste | | | yen | |
| | | | yen | | yen | yen | Amount | от шсоте | ye | en l | | Previous Year dress of Offi | ır | Month Date Entry Exit | Amount of disaste | er-related Lo | 88 | yen |
| | | | 2 Livir | | f Setagaya, and | l have | | | | | 14 | Register | ed in S | etagaya as of Jan | uary 1st, 202 | 22, bu | ıt was liv | ring |
| and/or house and property in Setagaya as of January 1st, 2022 Office. | | | | | | | | | | fferent lo | cation | | | | | | | |
| wo | rkplad | ce | | | | | | | | | Address Period of living From (year/month/day) | | | | | | | |
| | and/or house and property Location Setagaya Ward | | | | | | | 1 | | se (when liv | | | udy · Other (| |) | | | |
| and property Location | | | | | | | | | | | | | | | | | | |