

Submission date: year/month/day _____

Fiscal 2024 Municipal Resident's Tax/Metropolitan Resident's Tax Return Form

(Income and Deduction from January 1st to December 31st, 2023)

Address as of January 1st, 2024: Setagaya-ku

Current Address: _____

Name: _____

Date of Birth: year/month/day _____

Individual Number: _____

Occupation: _____ Head of Householder: _____ Relationship: _____

Phone Number: _____ Reference Number: _____

06

本人確認 (区処理欄)	1点	番号カード・免許証・保険証・年金手帳・旅券・障害者手帳・在留カード・他()	番号確認 (区処理欄)	番号カード・住民票の写し・通知カード
	2点	学生証・公共料金領収証・戸籍謄本・整理番号印字の申告書・他()		
	3点	通帳・キャッシュカード・クレジットカード・シルバーパス・他()		

1 Amount of Revenue and Necessary Expenses

		Income Amount		Necessary Expense	
Miscellaneous Income	Employment Income (a)	yen		Specific Expense	円
	Public Pension etc. (b)	yen		※ Please do not include the survivor's pension, disability pension or welfare pension. Enter these in (3) of 5 on the reverse side.	
	Miscellaneous business	yen		yen	※ If you have miscellaneous income (business and/or other), business income or real estate income, please fill out 8 on the reverse side.
	Other	yen		yen	※ If you have Dividend Income, please fill in the section 9.
	Business income etc.	yen		yen	Special deduction.
	Real estate income	yen		yen	
	Dividend income	yen		yen	
	Capital gains (Short-term·Long-term) · Occasional income (Circle the one)	yen		yen	yen
	Agriculture·Interest (Circle the one)	yen		yen	yen

※ If you have any other types of income, including Timber, Retirement, Separated Capital gains (Short-term·Long-term), Stock Transfer (Listed·Outside) and Futures·Transactions, please fill in the back.

所得金額 (円)

給与

年金

業務

① その他

② 営業

③ 不動産

④ 配当

⑤ 譲・一

⑥ 農・利

所得合計

コード合計欄

2 No Income

Check in the box. → Please fill in the section 5. Also, if applicable, fill in the section 3 "Dependent Relatives(Spouse)," "Dependent Relatives(Other than Spouse)," and "Deduction for yourself."

3 Deductions and Exemptions

Deduction for Casualty losses (Attach Certificate)	Amount of loss	Amount reimbursed by insurance	Expenses related to disaster
Deduction for Medical Expenses (Attach detailed statements) ※ Receipts will not be accepted.	Amount of Medical Expenses Paid (A)	Amount reimbursed by insurance (B)	Net (A-B)
Deduction for Social Insurance Premiums	National Health Insurance	Older Senior Citizen Health Insurance	National Pension (Attach Certificate)
	Long-term Care Insurance	Social Insurance Premium written on Tax Withholding Record ()	
Deduction for Small Enterprise Mutual Aid Plan Premiums (Attach Certificate)	New Life Insurance Premium	Old Insurance Premium (Certificate unnecessary if lower than 9,000 yen)	Medical Care Insurance Premium
	New Personal Pension Premium	Former Personal Pension Premium	
Deduction for Earthquake Insurance Premiums (Attach Certificate)	Earthquake Insurance Premium	Former Long-term Casualty Insurance Premium	

Spouse

Name: _____ Date of Birth: year/month/day _____

Individual Number: _____ Exemption for Disabled Person: Particular·Other (Physical·Mental·Intellectual·Other Class (Degree))

Existence of Income: No·Yes (Fill in Below)

Living separately / Living separately abroad: ※ Fill in the section 6.

Employment income: _____ Pension Income: _____ Other Income: _____

控除金額 (円)

雑損

医療

⑦ 社保

⑧ 小規

⑨ 生保

地保

配偶者の所得

配特

控除合計

扶・障調整

給・年調整

公年以外合計所得

基礎控除

Name	Relationship	Date of Birth	Check if under age 16	Individual Number	Exemption for Disabled Person	Check the applicable box	
						living separately	living separately abroad
		y/m/d	<input type="checkbox"/>		Special·Other (Physical·Mental·Intellectual·Other Class/Degree)	<input type="checkbox"/>	<input type="checkbox"/>
		y/m/d	<input type="checkbox"/>		Special·Other (Physical·Mental·Intellectual·Other Class/Degree)	<input type="checkbox"/>	<input type="checkbox"/>
		y/m/d	<input type="checkbox"/>		Special·Other (Physical·Mental·Intellectual·Other Class/Degree)	<input type="checkbox"/>	<input type="checkbox"/>
		y/m/d	<input type="checkbox"/>		Special·Other (Physical·Mental·Intellectual·Other Class/Degree)	<input type="checkbox"/>	<input type="checkbox"/>
		y/m/d	<input type="checkbox"/>		Special·Other (Physical·Mental·Intellectual·Other Class/Degree)	<input type="checkbox"/>	<input type="checkbox"/>

Deduction for a Single-parent / Deduction for a Widow (Only one may be applied)	·Single parent ·Widow (Reason for divorce) ·Widow (Reasons other than divorce)
Exemption for Disabled Person	Particular·Other [Physical·Mental·Intellectual·Other Class (Degree)]
Exemption for Working Students (Attach Certificate)	Name of School _____ Grade _____

If you omitted [Amount deducted from Income] section of a tax return, and there are no other income deductions to be declared, you can also skip [3 Deductions and Exemptions] section of this form, by writing the amount refers to [Tax return A, Page 1, ㉔] or [Tax return B, Page 2, ㉔] in the right column. However, you cannot omit about Deduction for Casualty losses, Medical expenses, and Donations.

区処理欄につき、これより下側には記入しないでください。

控配	扶養親族			障害扶養	未婚	寡婦	ひとり	勤	医特	処理日
	特定	老人	一般							
	内			内						／
										担当

4 Contributions or Donations

To Prefectures or Municipality (Hometown Tax (subject to the exceptional deduction) · Disaster Relief Fund)	(Attach Certificate)	yen
To Prefectural Community Chest · Affiliate of Japanese Red Cross · Prefectures or Municipality (non-deductible)	(Attach Certificate)	yen
To organizations designated by Ordinance	Tokyo Metropolis (Attach Certificate)	yen
	City of Setagaya (Attach Certificate)	yen

5 For Person without Income

Fill in applicable sections even if you did not have any income, because it is necessary for calculating or qualification of National Health Insurance, Long-term Care Insurance, Medical Care System for Older Senior Citizens, National Pension, Childrearing allowances and nursing-related grants, and also for issuing a Certificate of Tax Exemption.

① Provided support and/or assistance from below:

Address	Phone Number
Name	Relationship

② Receiving benefits from Unemployment Insurance, Workers Compensation Insurance, etc. From (year/month/day) _____ to _____

③ Receiving Pension (Circle One) Survivor's Pension · Disability Pension · Welfare Pension

④ Receiving livelihood assistance based on the Public Assistance Act. From (year/month/day) _____ to _____ (Until Now)

⑤ Other (e.g., by Deposits and savings.)

6 Dependent Spouse - Relatives Living Separately

Please fill in the section 3 "Spouse · Dependent Relatives." If your dependent family members live abroad, you need to submit a family member certificate and a certificate of bank transfer.

Name	Address	Name	Address

7 Payment Slip

If you do not have tax withholding record, fill in the following.

Month	Income Amount	Social Insurance Premium	August	September	October	November	December	Summer Bonus	Winter Bonus	Total	Name	Phone Number	Tour of Duty
January	yen	yen	yen	yen	yen	yen	yen	yen	yen	yen	Address		from (month) ~
February	yen	yen	yen	yen	yen	yen	yen	yen	yen	yen			Name
March	yen	yen	yen	yen	yen	yen	yen	yen	yen	yen	Address		from (month) ~
April	yen	yen	yen	yen	yen	yen	yen	yen	yen	yen			Name
May	yen	yen	yen	yen	yen	yen	yen	yen	yen	yen	Address		from (month) ~
June	yen	yen	yen	yen	yen	yen	yen	yen	yen	yen			Name
July	yen	yen	yen	yen	yen	yen	yen	yen	yen	yen	Address		from (month) ~
													Name

8 Miscellaneous Income, Business Income, Real estate Income, etc.

If applicable to home worker, expenditure up to 550,000 yen can be approved. Excluded when there is a salary.

Items	Place where Income Occurs	Amount	Land · Rent	Amount
Sales	Necessary Expenses	yen	Land · Rent	yen
Cost of Sales		yen	Casualty Insurance Premium	yen
Taxes and Dues		yen	Deduction for Family employee	yen
Utility Expenses		yen	()	yen
Repair Costs		yen	Total Expenses	yen
Depreciation Cost	yen	(B)		
Wages and Salaries	yen			yen
Total Income (A)	yen		Amount of Income (A) - (B)	yen

* For dividend and stock transfer incomes of listed stocks (9 and 10), you can't choose a different taxation method from the one used in your final income tax return.

9 Dividend Income

Please attach a duplicate copy of the detailed statements even if you plan to or have filed your final income tax return. If the information cannot be fit in the space below, use optional form to record the information necessary and attach it to this form.

No.	Name of the Company or Product	Category (Circle one)	Income	Necessary Expenses	Amount of Taxes Withheld	Allocated Dividends	Payment Date
①		Listed · Common · Investment Trust	yen	yen	yen	yen	2023/
		Taxation method on dividend income of listed stock (Please check the applicable box <input type="checkbox"/>)		<input type="checkbox"/> Consolidated taxation	<input type="checkbox"/> Separate taxation		
②		Listed · Common · Investment Trust	yen	yen	yen	yen	2023/
		Taxation method on dividend income of listed stock (Please check the applicable box <input type="checkbox"/>)		<input type="checkbox"/> Consolidated taxation	<input type="checkbox"/> Separate taxation		
③		Listed · Common · Investment Trust	yen	yen	yen	yen	2023/
		Taxation method on dividend income of listed stock (Please check the applicable box <input type="checkbox"/>)		<input type="checkbox"/> Consolidated taxation	<input type="checkbox"/> Separate taxation		

Account Address Name

10 Stock transfer (Listed · Outside), Futures Transactions

Please attach a duplicate copy of the detailed statements even if you plan to or have filed your final income tax return. If the information cannot be fit in the space below, use optional form to record the information necessary and attach it to this form.

No.	Name of the Company or Product	Category (Circle one)	Income	Necessary Expenses	Amount of Taxes Withheld	Amount of Deduction for Income Allocation from Transferring of Stocks etc.
①		Listed · Common · Investment Trust	yen	yen	yen	yen
②		Listed · Common · Investment Trust	yen	yen	yen	yen
③		Listed · Common · Investment Trust	yen	yen	yen	yen

11 Timber income, Retirement income, Capital gains (separate taxation)

Classification	Place where Income Occurs	Amount
Income Amount	Necessary Expenses	yen
	Amount of Special Deduction	yen
	Special Deduction for Blue Return	yen
	Special Case Provision Applied	yen
	Amount of Income	yen

13 Matters Regarding Business tax

Exempt income etc.	yen	Type of Assets	
Income from Real Estate before Applying Exception of Profit and Loss Aggregation	yen	Amount of Loss on Transfer	yen
Entry and Exit of Business during the Previous Year	Month Date Entry · Exit	Amount of disaster-related Loss	yen
Address of Office, etc.			

12 Living outside of Setagaya, and have Office, workplace and/or house and property in Setagaya as of January 1st, 2024

Office, workplace and/or house and property	Name	Phone Number
	Location	Setagaya Ward

14 Registered in Setagaya as of January 1st, 2024, but was living in different location

Address	
Period of living	From (year/month/day) _____ to _____
Purpose (when living abroad)	Work · Study · Other ()