Submission date:
year/month/day ＿＿.＿＿.＿＿

Fiscal 2021 Municipal Resident's Tax/Metropolitan Resident's Tax Return Form

(Income and Deduction from January 1st to December 31st, 2020)

Address as of January 1st, 2021	Setagaya-ku
Current Address	
Name (Please sign.)	
Date of Birth	year/month/day
Individual Number	
Occupation	Head of Householder / Relationship
Phone Number	Reference Number

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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（ ）
	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（ ）

番号確認(区処理欄)：番号カード・住民票の写し・通知カード

1 Amount of Revenue and Necessary Expenses

		Income Amount	Necessary Expense	
Employment Income		ⓐ yen	Specific Expense 円	
Miscellaneous Income	Public Pension etc.	ⓑ 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	
Business income etc.		yen	yen	
Real estate income		yen	yen	
Dividend income		yen	yen	※ If you have Divident Income, please fill in the section 9.
Capital gains (aggregate taxation)・Occasional income		yen	yen	Special deduction. yen
Agriculture・Interest (Circle the one)		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.

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 yen	Amount reinbursed by insurance yen	Expenses related to disaster yen
Deduction for Medical Expenses (Attach detailed statements) ※ Starting in 2021, receipts will not be accepted.	Amount of Medical Expenses Paid (A) yen	Amount reinbursed by insurance (B) yen	Net (A−B) yen
	Exception: If you wish to choose the "Self-medication Tax Deduction System", check in the box to the right. ☐		
Deduction fo Social Insurance Premiums	National Health Insurance yen	Older Senior Citizen Health Insurance yen	National Pension (Attach Certificate) yen
	Long-term Care Insurance yen	Social Insurance Premium written on Tax Withholding Record yen	( ) yen
Deduction for Small Enterprise Mutual Aid Plan Premiums (Attach Certificate)	yen		
Deduction for Life Insurance Premiums (Attach Certificate)	New Life Insurance Premium yen	Old Insurance Premium (Certificate unnecessary if lower than 9,000 yen) yen	Medical Care Insurance Premium
	New Personal Pension Premium yen	Former Personal Pension Premium yen	
Deduction for Earthquake Insurance Premiums (Attach Certificate)	Earthquake Insurance Premium yen	Former Long-term Casualty Insurance Premium yen	

Deduction for Spouse / Special Deduction for Spouse / Spouse in Taxpayer's Household

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 together/separately Address (if living separately)	
Employment income yen	Pension Income yen	Other Income yen	

Dependent Relatives (Other than Spouse)

Name	Relationship	Date of Birth	Check if under age 16	Individual Number	Exemption for Disabled Person	Check the applicable box: Living together	Living separately
		y/m/d . .	☐		Special・Other (Physical・Mental・Intellectual・Other Class(Degree))	☐	☐
		y/m/d . .	☐		Special・Other (Physical・Mental・Intellectual・Other Class(Degree))	☐	☐
		y/m/d . .	☐		Special・Other (Physical・Mental・Intellectual・Other Class(Degree))	☐	☐
		y/m/d . .	☐		Special・Other (Physical・Mental・Intellectual・Other Class(Degree))	☐	☐
		y/m/d . .	☐		Special・Other (Physical・Mental・Intellectual・Other Class(Degree))	☐	☐

※Fill in the section 6.

Deduction for yourself

Deduction for a Widow / Deduction for a Single-parent (Only one may be applied)

Widow: Reason (Death・Divorce・Spouse's status [alive/dead] unknown・Spouse is missing) Date of occurrence (YYYY/MM/DD) ＿＿＿＿＿＿＿＿ ・Single parent

Exemption for Disabled Person	Particular・Other (Phycical・Mental・Intellectual・Other	Class (Degree))
Exemption for Working Students (Attachi 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, ㉑] or [Tax return B, Page 2, ㉕] in the right column. However, you cannot omit about Deduction for Casualty losses, Medical expenses, and Donations. yen

4 Contributions or Donations

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

区処理欄につき、これより右側には記載しないでください。

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	

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	

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 特定	扶養親族 老人 内	扶養親族 一般	年少	障害扶養 特別 内	障害扶養 その他	本障	寡婦	ひとり	勤	医特	処理日

	担当
	担当

Account
Address
Name