2026

# Fiscal 2026 Municipal Resident's Tax/Metropolitan Resident's Tax Return Form

**(Income and Deduction from January 1 to December 31,2025)**

Tokyo Ward Mayor to Submission date: year/month/day / /

| | | | |
|---|---|---|---|
| Address as of January 1 | | Phone Number | Home・Workplace・Mobile (circle one) |
| Current Address | | Occupation | |
| | | | |
| Name | | Name Please sign. | |
| Individual Number | ※Please fill in the blanks. | | |
| Date of Birth | year/month/day / / | Head of Household | Relationship |
| 本人確認（区処理欄） | 1点 番号カード・免許証・資格確認書・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( ) | Reference Number | |
| | | 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 yen | |
| Miscellaneous Income | Public Pension etc. | ⓑ yen | ※ Please do not include the survivor's pension, disability pension or welfare pension. Enter these in (3) of 6 on the reverse side. | |
| Miscellaneous Income | Miscellaneous business | yen | yen | ※ If you have miscellaneous income (business and/or other), business income or real estate income, please fill out 9 on the reverse side. |
| Miscellaneous Income | Other | yen | yen | |
| Business income, etc. | | yen | yen | |
| Real estate income | | yen | yen | |
| Dividend income | | yen | yen | ※ If you have dividend income, please fill in section 10. |
| Capital gains (Short-term・Long-term)・Occasional income (Circle one) | | yen | yen | Special deduction. yen |
| Agriculture・Interest (Circle 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 section 6. Also, if applicable, fill in the three parts of section 3 "Spouse," "Dependent Relatives," and "Deduction for yourself."

## 3 Deductions and Exemptions

| | | | |
|---|---|---|---|
| Deduction for Casualty Losses ( attach certificate ) | Amount of Loss yen | Amount reimbursed by insurance yen | Expenses related to disaster yen |
| Deduction for Medical Expenses (attach detailed statements) ※ Receipts will not be accepted. | Amount of Medical Expenses Paid (A) yen | Amount reimbursed by insurance (B) yen | Net (A—B) yen |
| | Exception If you wish to choose the "Self-Medication Tax Deduction System," check the box at right. ☐ | | |
| Deduction for 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 as 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 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 | |

**Spouse** — 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 | icular・Other〔Physical・Mental・Intellectual・Other Class (Degr |
| Existence of Income No・Yes (fill in below) | Living separately / Living separately abroad ※Fill in section 7. | | |
| 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 separately | LIVING separately abroad | Specified dependent relatives |
|---|---|---|---|---|---|---|---|---|
| | | y/m/d . . | ☐ | | (Physical・Mental・Intellectual・Other Class(Degree)) | ☐ | ☐ | |
| | | y/m/d . . | ☐ | | (Physical・Mental・Intellectual・Other Class(Degree)) | ☐ | ☐ | |
| | | y/m/d . . | ☐ | | (Physical・Mental・Intellectual・Other Class(Degree)) | ☐ | ☐ | |
| | | y/m/d . . | ☐ | | (Physical・Mental・Intellectual・Other Class(Degree)) | ☐ | ☐ | |

**Deduction for yourself**

| | | |
|---|---|---|
| Deduction for a Widow Deduction for a Single Parent ( Only one may be applied ) | widow | Reason 〔Bereavement・Divorce・Unknown・Missing〕 Date of occurrence y/m/d / / ・Single Parent |
| Exemption for Disabled Person | Particular・Other 〔Physical・Mental・Intellectual・Other Class (Degree)〕 | |
| Exemption for Working Students (attach certificate) | Name of School | Grade |

## 4 Contributions or Donations

| | | | |
|---|---|---|---|
| To Prefectures or Municipalities(Hometown Tax (subject to the exceptional deduction)・Disaster Relief Fund) | | (attach certificate) | 円 |
| To Prefectural Community Chest・Affiliate of Japanese Red Cross・Prefectures or Municipalities(non-deductible) | | (attach certificate) | 円 |
| To organizations designated by ordinance | Tokyo Metropolis | (attach certificate) | 円 |
| | City of Setagaya | (attach certificate) | 円 |

## 5 Payment method for special ward resident's tax and metropolitan resident's tax on income other than salaries, public pensions, etc.

Deductions from salary and pension ( Special collection) ☐ ・ Pay by yourself ( Ordinary collection ) ☐

▸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 | 老配 | 扶養親族 特定 | 扶養親族 老人 内 | 扶養親族 一般 内 | 年少 | 23歳未満 |
|---|---|---|---|---|---|---|
| | | | | | | |

居住開始年月日 平・令 年 月 日

取得区分

| 扶養障害 特別 | 扶養障害 他 | 本人障害 特 | 本人障害 他 | 寡婦 | ひとり | 勤 | 医特 | 特親1 | 特親2 | 特親3 | 特親4 | 特親5 | 特親6 | 特親7 | 特親8 | 特親9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 内 | | | | | | | | | | | | | | | | |

## 6 For Persons without Income

Fill in all applicable sections even if you did not have any income, because this information is necessary for calculating or qualification for National Health Insurance, Long-Term Care Insurance, the Medical Care System for Older Senior Citizens, National Pension, childrearing allowances and nursing-related grants, as well as for issuing tax exemption certificates.

① Provided support and/or assistance from below:

Address _____ Phone Number _____

Name _____ Relationship _____

② Receiving benefits from Unemployment Insurance, Workers Com 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 / / (present)

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

## 7 Dependents - Spouse・Relatives Living Separately

Please also fill in the necessary information in the "Spouse and Dependents" section on front page 3. If you are declaring dependents for relatives residing overseas, you will need to attach or present the necessary documents depending on the person. For details on the required documents, please see page 2 of the guide.

| Name | Address | Name | Address |
|---|---|---|---|
| | | | |
| | | | |

## 8 Payment Slips

If you do not have a tax withholding record, please fill in the following:

| Month | Income Amount | Social Insurance Premium | | | |
|---|---|---|---|---|---|
| January | yen | yen | August | yen | yen |
| February | yen | yen | September | yen | yen |
| March | yen | yen | October | yen | yen |
| April | yen | yen | November | yen | yen |
| May | yen | yen | December | yen | yen |
| June | yen | yen | Summer Bonus | yen | yen |
| July | yen | yen | Winter Bonus | yen | yen |
| | | | Total | yen | yen |

Place of Employment

| | | | |
|---|---|---|---|
| Company Name | | Phone Number | |
| Address | | Period of Employment | 月～ 月 |
| Company Name | | Phone Number | |
| Address | | Period of Employment | 月～ 月 |
| Company Name | | Phone Number | |
| Address | | Period of Employment | 月～ 月 |

## 9 Miscellaneous Income, Business Income, Real Estate Income, etc.

If you are a home contract worker, expenditures up to 550,000 yen can be approved. Excluded when there is a salary.

| Items | | Place where Income Occurs | |
|---|---|---|---|
| Total Income | Sales | yen | Necessary Expenses |
| | ( ) | yen | |
| | ( ) | yen | |
| | ( ) | yen | |
| | Total Income (A) | yen | |

| | | | |
|---|---|---|---|
| Cost of Sales | yen | Land・Rent | 円 |
| Taxes and Dues | yen | Casualty Insurance Premiums | 円 |
| Utility Expenses | yen | Deductions for family employee | 円 |
| Repair Costs | yen | ( ) | 円 |
| Depreciation Cost | yen | Total Expenses (B) | 円 |
| Wages and Salaries | | | |
| Amount of Income (A) − (B) | | | 円 |

※If you have included an entry under deduction for family employee, please also fill in the information below.

| Name of Deduction for Family employee | Relationship | Date of Birth | Individual Number |
|---|---|---|---|
| | | y/m/d / / | |

※For dividend and stock transfer income of listed stocks (10 and 11), you can't choose a different taxation method from the one used in your final income tax return.

## 10 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 does not fit in the space below, please use the 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 | / |
| ② | | Listed・Common・Investment Trust | yen | yen | yen | yen | / |
| ③ | | Listed・Common・Investment Trust | yen | yen | yen | yen | / |

## 11 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 does not fit in the space below, please use the optional form to record the information necessary and attach it to this form.

| No. | Name of Company or Product | Category (Circle one) | Income | Necessary Expenses | Amount of Taxes Withheld | Amount of Deduction for Income Allocation from Transfer of Stocks |
|---|---|---|---|---|---|---|
| ① | | Listed・Common・Futures trading | yen | yen | yen | yen |
| ② | | Listed・Common・Futures trading | yen | yen | yen | yen |
| ② | | Listed・Common・Futures trading | yen | yen | yen | yen |

Name Account

## 12 Timber Income, Retirement Income, Capital gains (separate taxation)

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

## 14 Matters Regarding Business Tax

| | | | | |
|---|---|---|---|---|
| Exempt Income etc. | yen | Assets | 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 | Date Entry・Exit | | Amount of Disaster-Related Loss | yen |
| Address of Office, etc. | | | | |

## 13 Living outside of Setagaya but have Office, workplace and/or house and property in Setagaya

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

## 15 Registered in Setagaya but living in a different location

| | |
|---|---|
| Address | |
| Period | From (year/month/day) / / to / / |
| Purpose (when living abroad) | Work・Study・Other ( ) |