

Fiscal 2025 Income Declaration
for National Health Insurance Premiums

To: Mayor of Kanazawa City

year	month	day			
Address			TEL		
Name			Insurance Nb.		

Please fill in the applicable section below regarding your income amount
(income from January to December 2024).
Please be sure to provide your address and name.

Reference Nb. Name, Date of birth							
		Date (YYYY/MM/DD)		Date (YYYY/MM/DD)		Date (YYYY/MM/DD)	
Content							
Occu- pation/ Place of work	Circle the applicable item. If “Other” applies, please specify.	Student・Unemployed・Part-time・ Temporary (<i>arubaito</i>) Self-employed・Company employee Other ()		Student・Unemployed・Part-time・ Temporary (<i>arubaito</i>) Self-employed・Company employee Other ()		Student・Unemployed・Part-time・ Temporary (<i>arubaito</i>) Self-employed・Company employee Other ()	
Tax decla- ration	Tax filing status with the tax office or municipal office	<input type="checkbox"/> Filed (no further entry required) <input type="checkbox"/> Not filed <input type="checkbox"/> Moved overseas on or after January 2		<input type="checkbox"/> Filed (no further entry required) <input type="checkbox"/> Not filed <input type="checkbox"/> Moved overseas on or after January 2		<input type="checkbox"/> Filed (no further entry required) <input type="checkbox"/> Not filed <input type="checkbox"/> Moved overseas on or after January 2	
No Income	If you have no income or only non-taxable income*, please check ✓ the box. <small>*Non-taxable income includes disability pension, survivor’s pension, survivor’s gratuity, injury/illness gratuity, unemployment insurance, sickness allowance, scholarships, etc.</small>	<input type="checkbox"/> No income <input type="checkbox"/> Only non-taxable income <i>If you check either box, no further entry is required below.</i>		<input type="checkbox"/> No income <input type="checkbox"/> Only non-taxable income <i>If you check either box, no further entry is required below.</i>		<input type="checkbox"/> No income <input type="checkbox"/> Only non-taxable income <i>If you check either box, no further entry is required below.</i>	
w/ In co me	Salary	Please enter the amount before the employment income deduction.		Main Salary yen 2nd Salary yen		Main Salary yen 2nd Salary yen	
	Family business worker salary	Please enter the amount before the employment income deduction, along with the business owner’s name and your relationship to them.		Fam. Business Worker Salary yen Owner (Relationship)		Fam. Business Worker Salary yen Owner (Relationship)	
	Pension	Please enter the type of pension and the amount received. Do not include non-taxable income such as disability or survivor’s pensions.		() Pension/Survivor's pension income yen		() Pension/Survivor's pension income yen	
	Business, etc.	For income from business, etc. (**), please enter the type of income and the amount after deducting expenses.		() net income yen		() net income yen	
		<small>**Business / Agriculture / Real estate / Dividends / Forest income / Miscellaneous income / Temporary income / Other</small>		() net income yen		() net income yen	
	Separate income	Please enter the type, amount of income, and necessary expenses.		type of income: long/short-term income amount yen necessary expenses yen		type of income: long/short-term income amount yen necessary expenses yen	
Fulltime worker deduction	Please enter the deduction amount.		deduction amount yen		deduction amount yen		

For official use

処 理 欄	受 付 日		提 出 区 分	窓 口	受付者	内容点検	処理欄
				郵送			

※職員使用欄

番号確認	本人確認	代理権の確認
<input type="checkbox"/> 個人番号カード	<input type="checkbox"/> 個人番号カード	<input type="checkbox"/> 世帯主印の押印
<input type="checkbox"/> 通知カード	<input type="checkbox"/> 運転免許証	<input type="checkbox"/> 委任状
<input type="checkbox"/> システム確認	<input type="checkbox"/> その他 ()	<input type="checkbox"/> 登記事項証明書
<input type="checkbox"/> その他 ()		<input type="checkbox"/> その他 ()