Fiscal 2025 Income Declaration for National Health Insurance Premiums

| | • | | o i i di | | | | | | | |
|----------------------------|---|----------------------------------|----------|--|----------|----------------------------------|--------------|---|--------|-----------------|
| (year) (month) (day) | | | | Insurance card number | | | | | | |
| To: Mayor of Kanazawa City | | | ess | | | | | | | |
| | | | | | | TEL | | | | |
| | | | | | | | idual number | | | |
| | | | | | | 1 | | | 1 | |
| ©Write the Name | e income of the fol | lowing hou | sehold | members fo | or the p | eriod from Ja | anuary | 1 to Decer | nber 3 | 1 of last year. |
| Date of birth | | | | | | | | | | |
| Individual number | | | | | | | | | | |
| Occupation | | | | | | | | | | |
| or place of | | | | | | | | | | |
| work Salary | | | | | | | | | | |
| income | | ı | yen | 0 | | | yen | | | yeı |
| Pension | Old- age/Retirement pension | | yen | Old- age/Retire pension | ment | | yen | Old- age/Retirent pension | nent | ye |
| income | Surviving family | | yen | Surviving family | | | yen | Surviving fa pension | mily | ye |
| (Write the benefit from | pension Disability | | | pension Disability | | | | Disability | | |
| each pension.) | pension yen | | pension | | | yen | pension | | yeı | |
| | Other (*Pension name) | (* | yen | Other (*Pension name) | | (* | yen | Other (*Pens | sion | (* ye |
| | Business activities | | yen | Business activities | | | yen | Business activities | | ye |
| | ①Gross income | | yen | ①Gross income before deductions | | | yen | ①Gross inc | | ye |
| Business | before deductions 2Business | | - | 2Busines | | | | before dedu 2Business | | |
| income | expenses | | yen | expenses | | | yen | expenses | | yeı |
| | ①一② Net income after | | yen | ①-② Net income | e after | | yen | ①-② Net income | after | ye |
| | deductions | | yon | deductions | | | yon | deductions | arter | y O. |
| | ①() | | yen | 1)(|) | | yen | 1(|) | ye |
| . | income ②Business | | - | income 2Busines | | | | income 2Business | | - |
| Other income | expenses | | yen | expenses | | | yen | expenses | | yeı |
| | 1-2 | | | ①-② Ne | | | 1/00 | 1-2 | -4 | |
| | Net income after deductions | | yen | income aft deductions | | | yen | Net income deductions | arter | ye |
| | 1. Dependent | | | 1. Depend | ent | | | 1. Depende | | |
| | (Dependent on) 2. Lived on provided money | | | (Dependent on) 2. Lived on provided money | | |) | (Depende | | d manay |
| No income | Provided by | | | Provided by | | | | Lived on provided money Provided by | | |
| | () | | |) | | | | | | |
| (Select an option and | Employment insurance benefits received | | | Employment insurance benefits received | | | | 3. Employment insurance benefits received | | |
| circle the | 4. Lived on savings | | | 4. Lived on savings | | | | 4. Lived on savings | | |
| number (○).) | 5. Unable to work | 5. Unable to work due to illness | | | | 5. Unable to work due to illness | | | | |
| | 6. Student | 6. Student | | | | 6. Student | | | | |
| | (Name of school: | | | (Name of school: | | |) | (Name of school: | | |
| | 7. Other reason | | | 7. Other reason | | | ١ , | 7. Other reason | | |
| Reference | | | , | | | | | ` | | |
| number | | | | | | | | | | |

* For official use -

| | 受付日 | 提 | 窓口 | 受付者 | 内容点検 | 処理欄 | |
|----|-----|--------|----|-----|------|-----|--|
| 処理 | . • | 出 | 本日 | | | | |
| 理欄 | | 区 分 | 郵送 | | | | |

| 番号確認 | 本人確認 | 代理権の確認 |
|-----------|-----------|-----------|
| □ 個人番号カード | □ 個人番号カード | □ 委任状 |
| □ 通知カード | □ 運転免許証 | □ 登記事項証明告 |
| □ システム確認 | □ 保険証 | □ その他 () |
| □ その他 () | 口 その他 () | |