

2022 Municipal/ Prefectural Tax Filing Form (For FY2021)

Reference number	
Business type/ Occupation	
Tel (daytime)	

(Front side)

To: Mayor of Kanazawa	Current address	, Kanazawa City
Filing date	Address as of 1 Jan 2022	, Kanazawa City <input type="checkbox"/> Same as above
Y M D	Katakana	Individual Number (My Number)
	Name	Date of birth (Year) (Month) (Day) Householder's name Relationship

3. Income deductions

13 Social insurance deductions	National health insurance premium	Nursing care insurance premium	Latter-stage elderly medical insurance premium	Total
	yen	yen	yen	
	National pension premium	Other ()		
	yen	yen	yen	
15 Life insurance deductions	Total new-category life insurance premium	Total former-category life insurance premium	Total nursing care insurance premium	Total
	yen	yen	yen	
	Total new-category personal pension premium	Total former-category personal pension premium		
	yen	yen		
16 Earthquake insurance deductions	Total earthquake insurance premium	Total former-category long-term damage insurance premium		
	yen	yen		
17-18 Deductions for widows, single parents and working students	For widows <input type="checkbox"/> Husband's death <input type="checkbox"/> Fate unknown <input type="checkbox"/> Divorce <input type="checkbox"/> Not returned		For single parents <input type="checkbox"/>	For working students <input type="checkbox"/> (School name) (Year enrolled:)
19 Deduction for the disabled	Name	Degree of disability	(Certificate name)	Grade Degree
	Name	Degree of disability	(Certificate name)	Grade Degree
20-21 Spouse deduction/ Special spouse deduction/ Same household spouse deduction	Name	Date of birth (Year) (Month) (Day)	Spouse's total income	Same household spouse (excluding deduction recipient) <input type="checkbox"/>
22 Dependents	Name	Date of birth (Year) (Month) (Day)	Relationship	Total deduction for dependents (x10,000) yen
	Individual Number	<input type="checkbox"/> Living together <input type="checkbox"/> Living separately	Deduction amount	
	Name	Date of birth (Year) (Month) (Day)	Relationship	
	Individual Number	<input type="checkbox"/> Living together <input type="checkbox"/> Living separately	Deduction amount	
Dependents under 16 years of age (non-deductible)	Name	Date of birth (Year) (Month) (Day)	Relationship	Total deduction for dependents (x10,000) yen
	Individual Number	<input type="checkbox"/> Living together <input type="checkbox"/> Living separately	Deduction amount	
	Name	Date of birth (Year) (Month) (Day)	Relationship	
	Individual Number	<input type="checkbox"/> Living together <input type="checkbox"/> Living separately	Deduction amount	

If there are dependents living separately, write their names, Individual Numbers and addresses in item 13 on the reverse side.

25 Deduction for casualty losses	Cause for losses	Date of losses	Type of lost assets
	Loss amount	Amount covered by insurance	Amount of disaster-related expenses in net loss
26 Medical expense deduction	Medical expenses paid	Amount covered by insurance	Select the self-medication tax system <input type="checkbox"/>
	yen	yen	

5. Municipal/ prefectural tax payment method for income other than salaries and public pensions (other than salaries if you were under 65 years of age as of April 1, 2022)

6. For the tax payment method for income from dividends or the transfer of listed shares, check the box on the right to select a payment method different from that of other types of income.

If you have income for separate taxation, submit the Municipal/ Prefectural Tax Filing Form (for separate taxation) as well.

5. Deducted from salaries (special collection) Self-payment (regular collecti)

6. Income from dividends of listed shares Income from the transfer of listed shares

Fill in the reverse side as well.

Kanazawa City office use

Calculate the deducted amount according to the guidance.

1. Gross income before deductions	Business	Sales, etc.	ア		yen
		Agriculture	イ		
		Real estate	ウ		
		Interest	エ		
		Dividends	オ		
		Salary	カ		
	Miscellaneous	Public pension, etc.	キ		
		Services	ク		
		Other	ケ		
	General transfer	Short term	コ		
		Long term	サ		
	Temporary	シ			
2. Net income after deductions	Business	Sales, etc.	①		
		Agriculture	②		
		Real estate	③		
		Interest	④		
		Dividends	⑤		
		Salary	⑥		
	Miscellaneous	Public pension, etc.	⑦		
		Services	⑧		
		Other	⑨		
		Total (⑦+⑧+⑨)	⑩		
		General transfer/ Temporary	⑪		
	Total	⑫			
4. Deducted amount	Social insurance	⑬			
	Small company mutual insurance premiums	⑭			
	Life insurance	⑮			
	Earthquake insurance	⑯			
	Widows / single parents	⑰		0 0 0 0	
	Working students	⑱		0 0 0 0	
	The disabled	⑲		0 0 0 0	
	Spouses	⑳		0 0 0 0	
	Spouse special deduction	㉑		0 0 0 0	
	Dependents	㉒		0 0 0 0	
	Basic deduction	㉓		4 3 0 0 0 0	
Total for ⑬ to ㉓	㉔				
Casualty losses	㉕				
Medical expenses	㉖				
Total	㉗				

If you have no income, fill in Section 18: Information on the reverse side and submit this form.

Separate here and submit.

控配	扶養人数	扶養障害	専従	受付者
控配 1 2 3 4 6 7	扶養人数 特 同 他 16	扶養障害 同 特 普	専従 1	受付者
本人障害 寡ノ控除	生保 (国)	地保 (国)		
普 特 寡 母 父	基礎控除 (国)	年外合計所得 (国)	給与内専給	

番号確認	本人確認 <input type="checkbox"/> 本 <input type="checkbox"/> 代	代理人氏名	代理権
個力・通力・住基・他 ()	個力・免・保・障・在・資・他 ()		委任・他 ()

If you submit this form, you do not need to file a business tax form.

(Reverse side)

7. Salary breakdown

Fill in if you do not have a withholding certificate for your salary, such as daily wages.

M	Daily wage	No. of working days	Monthly income
	yen		yen
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Bonuses, etc.			yen
Total			
Company's address			
Company's name			
Company's TEL			

8. Items related to business and real estate income

Type of income	Place of income	Gross income before deductions	Business expenses	Special deduction for blue-form returns
		yen	yen	yen

9. Items related to dividend income

Dividend type	Place of income	Date paid	Income	Business expenses
			yen	yen
		•		
		•		
		•		
		•		
			Foreign income tax related to foreign shares	

10. Items related to miscellaneous income (other than public pension)

Type	Place of income	Income	Business expenses
		yen	yen

11. Items related to income from general transfer and temporary income

		Income	Business expenses	Balance (total income - business expenses)	Special deduction	Income (Balance - Special deduction)
		yen	yen	yen	yen	yen
General transfer	Short-term				イ	
	Long-term				□	
Temporary					ハ	
Write the amount of イ in コ, □ in サ, and ハ in シ on the front side.						= Total 1 + [(□+ハ) × 1/2]
Write the amount of 二 in ㊶ on the front side.						

12. Items related to family employees

Name	Relationship	Date of birth	(Year)	(Month)	(Day)	Salary (deduction) for family employees	yen
			•	•			
Individual Number	Months of employment						
			•	•			
Individual Number	Months of employment						
Approval for blue-form tax filing for income tax			Yes • No		Total amount		

15. Items related to donations

Donations to prefectures or municipalities (special deduction)	yen
Donations to community chests, Japanese Red Cross Society branches, prefectures or municipalities other than those of residence (not eligible for special deduction)	yen
By ordinance	yen
Prefecture	
Municipality	

Write the amount for each type of donation.

13. Items related to dependents living separately

Name	Individual Number	Address

14. Items related to deductions for income from dividends or the transfer of listed shares

Write the deduction amounts for income from dividends or the transfer of listed shares included in the total income.

Deduction for dividends	yen	Deduction for income from the transfer of shares	yen
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16. Items related to business tax

Tax-free income, etc.	Income	yen
*1		yen
Loss from transfer of business assets	Asset type(s)	yen
	Loss/ Loss due to disasters (white)	
Business open (closure) during the previous year	Open/ Closure	
	Month Date	
<input type="checkbox"/> Office outside the prefecture		

*1: Real estate income before application of special provisions for taxation on profit-loss aggregation

17. Items related to income deduction adjustment

Katakana	Date of birth	(Year)	(Month)	(Day)	Serious disability	Grade Degree	Address if living separately
		•	•				
Individual Number							

18. Information (fill in if you had no income in FY2021)

1. Dependent on or money was sent from the following person	3. Student	4. Sickness
Address _____ Relationship _____	School name: _____	(Outpatient • Inpatient)
Name _____ ()	(School year:)	
2. The following benefit(s) was received (check the applicable item(s)).		
<input type="checkbox"/> Disability pension <input type="checkbox"/> Bereaved family pension <input type="checkbox"/> Employment (unemployment) insurance <input type="checkbox"/> Public assistance		
From (month) (year) to (month) (year)		
5. If none of 1-4 apply to you, describe your living circumstance during the previous year.		

19. Housing, etc. (Check if applicable).

Possession of office, company or house in Kanazawa City but do not live in the city