## Fiscal 2024 Income Declaration for National Health Insurance Premiums

(yea	r) (month)	(day)				Insurance	e card	number		
	of Kanazawa City		Addro	ess		I				
I declare the income of my household as follows:			Hous	eholder's			TEL			
			name			Indiv		idual number		
	income of the foll	owing hous	ehold	members fo	or the p	eriod from Ja	anuary	/ 1 to December	31 of las	st year.
Name Date of birth										
Individual										
number										
Occupation										
or place of										
work Salary										
income			yen				yen			yen
Pension	Old-		Old-				Old-			
	age/Retirement	yen				yen	age/Retirement	nt yen		
income	pension Surviving family			pension Surviving f			pension Surviving family			
(Mrite the	noncion		yen	pension	Surviving family ye			pension	yen	
(Write the benefit from	Disability		yen	Disability			yen	Disability		Ven
each	pension		yen	pension			усп	pension		yen
pension.)	Other (*Pension name)	(*	) yen	Other (*Pension (* name)		(*	) yen	Other (*Pension name)	(*	) yen
	Business		yen	,			yon	,		ych
	activities		yen	Business activities			yen	Business activities		yen
Business income	1)Gross income			①Gross income				1)Gross income		
	before deductions		yen	before deductions				before deductions		yen
	②Business	ye		2 Busines	s		yen	2 Business		yen
	expenses		,	expenses			,	expenses		,
	1-2 Net income after		yen	1-2 Net income		yen	1-2 Net income after		yen	
	deductions		yon	deductions			yon	deductions		yon
	①( )		Von	1)(	)		Von	①( )		Von
	income		yen	income			yen	income		yen
Other	2 Business		yen	2 Busines	S	ye		2 Business		yen
				expenses ①-② Net		-	expenses			
	expenses	yen	income aft		yen	①-② Net income afte		yen		
	deductions		,	deductions		,		deductions		yon
	1. Dependent			1. Depend				1. Dependent	•	
No income	(Dependent on		)	(Depend			)	(Dependent on )		
	2. Lived on provide	2. Lived or		ed money		2. Lived on provided money Provided by				
No income	Provided by		)	Provideo (	лбу		)	(		)
(Select an	3. Employment ins	urance bene	fits	3. Employr	ment ins	urance benefi	ts	3. Employment i	nsurance	benefits
option and	received			received				received		
circle the	4. Lived on saving			4. Lived or				4. Lived on savings		
number	5. Unable to work	due to illness				due to illness	5. Unable to work due to illness			
(○).)	6. Student (Name of school:		١	6. Student (Name of s			١	6. Student (Name of schoo		)
	7. Other reason			7. Other re				7. Other reason	-	
	(		)	(			)	(		)
Reference										

## \* For official use -

number

	受付日	提	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	受付者 内容点検		処理欄		番号確認	本人確認	代理権の確認	
処		此出	窓口					□ 個人番号カード	□ 個人番号カード	口 委任状	
理		X					• .	口 通知カード	□ 運転免許証	□ 登記事項証明書	
欄		分	郵送					□ システム確認	□ 保険証	ロその他()	
								口その他()	ロその他()		