

If you have separately taxed income, please also submit the return form for city tax and Tokyo metropolitan tax (for separately taxed income, etc.).

To the Shibuya City Mayor	Address as of Jan. 1	, Shibuya City		Individual number (My Number)				
		(Building name and room number)		Furigana				
Submitted on	Current address	(Enter if it is different from the address you entered above)		Name				
				Phone number	() -	Occupation		
yr	nth	day	Date of birth	Meiji / Taisho / Showa / Heisei / Reiwa	yr	mth	day	Rel.
			Head of household's name					

3. Matters regarding income deductions

13 Social insurance premium deductions	National Health Insurance premiums		Older Senior Citizen Health Insurance premiums	
	Nursing Care Insurance premiums		National Pension premiums (attach documents)	
	Other		Total	
	Total of life insurance premiums for new policies		Total of life insurance premiums for old policies	
15 Life insurance premium deductions (attach documents)	213	114	Total of individual pension premiums for old policies	
	Total of individual pension premiums for new policies		Total of individual pension premiums for old policies	
	Total of nursing care insurance premiums			
	Total of earthquake insurance premiums		Total of old long-term casualty insurance premiums	
118	117			
17 to 19 Widow/widower deductions, single-parent deductions, working student deductions		18 Single-parent deductions		19 Working student deductions (School name)
				(Attach documents)
20 Disability deductions	Furigana		Level of disability	Physical / Intellectual Level:
	Name		Mental / Other Level:	
	Individual number (My Number)			
	Furigana		Level of disability	Physical / Intellectual Level:
Name		Mental / Other Level:		
Individual number (My Number)				
21 and 22 Spouse deductions, special spouse deduction, spouses sharing a livelihood		Date of birth		Meiji / Taisho / Showa / Heisei
Name		Spouse's total income		yen
Individual number (My Number)				<input type="checkbox"/> Spouses sharing a livelihood (excluding spouse subject to deductions)
23 Deductions for dependents	Furigana		Date of birth	Meiji / Taisho / Showa / Heisei
	Name		Residency	<input type="checkbox"/> Cohabit <input type="checkbox"/> Living separately
	Individual number (My Number)		Deduction amount	
	Furigana		Date of birth	Meiji / Taisho / Showa / Heisei
Name		Residency	<input type="checkbox"/> Cohabit <input type="checkbox"/> Living separately	
Individual number (My Number)		Deduction amount		
Furigana		Date of birth	Meiji / Taisho / Showa / Heisei	
Name		Residency	<input type="checkbox"/> Cohabit <input type="checkbox"/> Living separately	
Individual number (My Number)		Deduction amount		
Furigana		Date of birth	Meiji / Taisho / Showa / Heisei	
Name		Residency	<input type="checkbox"/> Cohabit <input type="checkbox"/> Living separately	
Individual number (My Number)		Deduction amount		
Dependents under sixteen years of age (not subject to deductions)	Furigana		Date of birth	Heisei / Reiwa
	Name		Residency	<input type="checkbox"/> Cohabit <input type="checkbox"/> Living separately
	Individual number (My Number)		Deduction amount	
	Furigana		Date of birth	Heisei / Reiwa
Name		Residency	<input type="checkbox"/> Cohabit <input type="checkbox"/> Living separately	
Individual number (My Number)		Deduction amount		
Furigana		Date of birth	Heisei / Reiwa	
Name		Residency	<input type="checkbox"/> Cohabit <input type="checkbox"/> Living separately	
Individual number (My Number)		Deduction amount		
If you have dependents living separately, please enter their names and addresses in "12" on the back.				Total deductions for dependents
				yen

1. Earnings amount	Business	Sales, etc.	a	yen	
		Agriculture	b	yen	
	Real estate		c	yen	
	Interest		d	yen	
	Dividends		e	yen	
	Wages		f	007 yen	
	Public pensions, etc.		g	010 yen	
	Misc.	Business misc.		h	yen
		Other		i	yen
		Aggregate transfers	Short-term	j	045 yen
Long-term	k		047 yen		
Lump-sum income		l	049 yen		
2. Income amount	Business	Sales, etc.	①	030 yen	
		Agriculture	②	031 yen	
	Real estate		③	033 yen	
	Interest		④	034 yen	
	Dividends		⑤	035 yen	
	Wages		⑥	yen	
	Misc.	Public pensions, etc.		⑦	yen
		Business misc.		⑧	234 yen
		Other		⑨	042 yen
		Total (⑦ + ⑧ + ⑨)		⑩	043 yen
Aggregate transfers, lump-sum income		⑪	050 yen		
Total		⑫	051 yen		
4. Income deductions	Social insurance premium deductions		⑬	111 yen	
	Small enterprise mutual aid society payment deductions		⑭	112 yen	
	Life insurance premium deductions		⑮	yen	
	Earthquake insurance deductions		⑯	yen	
	Widow/widower deductions, single-parent deductions		⑰⑱	yen	
	Working student deductions, disability deductions		⑲⑳	yen	
	Special spouse deductions		㉑㉒	yen	
	Deductions for dependents		㉓	yen	
	Basic deductions		㉔	yen	
	Total of ⑬ to ㉔		㉕	yen	
Misc. loss deductions		㉖	109 yen		
Medical costs deduction		㉗	110 yen		
Total (㉕ + ㉖ + ㉗)		㉘	yen		

26 Misc. loss deductions	Cause of loss	Date of loss	Types of assets damaged	Loss amount	Compensation from insurance, etc.	Disaster-related payouts out of net loss
				yen	yen	yen
27 Medical costs deductions	Medical expenses, etc. paid		Compensation from insurance, etc.			
		yen	yen			
Must attach a medical expense deduction invoice (or a notification of medical expense payment)						

Do not write anything below the dotted line.
 [特定:H13.1.2~H17.1.1 老人:S29.1.1以前 年少:H20.1.2~R5.12.31] 医 七 明 細 書 ・ 領 収 書 別 保 管 口 / 返 送 口

扶養	控配	同配	特扶	老親	老扶	その他	内障	特障	普障	年少	445
	38	457	39	40	41	42	45	46	47		
本人該当	特障		普障	寡婦	ひとり親	勤労学生	未成年				
	48		49	51	469	54	44				
専従者	配(61)	他(62)	専従者控除合計(134)								
生保控除額	113										
地保控除額	116										

5. The method of paying resident's tax on income other than wage and public pension income (other than wage income for those under 65 years of age on April 1, 2024) (55)

Automatically withdrawn from salary (special collection) [1] Pay directly yourself (normal collection) [2]

宛 名 番 号	37				
身元確認	<input type="checkbox"/> 個 <input type="checkbox"/> 免 <input type="checkbox"/> 他()	番号確認	<input type="checkbox"/> 個 <input type="checkbox"/> 通 <input type="checkbox"/> 他()		
窓口確認	点検	入力			

Document continues on back.

6. Breakdown of wage income

(Fill out this section if you have daily wages or other wage income but no tax-withholding slip.)

Month	Daily wages	No. of days worked	Monthly income
1	yen		yen
2	yen		yen
3	yen		yen
4	yen		yen
5	yen		yen
6	yen		yen
7	yen		yen
8	yen		yen
9	yen		yen
10	yen		yen
11	yen		yen
12	yen		yen
Bonuses, etc.			yen
Total			yen
Corporate number or address			
Employer name			
Phone number			

[Back]

7. Matters regarding business and real estate income

Type of income	Name and corporate number or address of the payer, etc.	Earnings amount	Necessary expenses	Special exemption for "blue" return
		yen	yen	yen
		yen	yen	yen
		yen	yen	yen
		yen	yen	yen
		yen	yen	yen
		yen	yen	yen

8. Matters regarding dividends

Type of income	Name and corporate number or address of the payer, etc.	Confirmed date of payment	Earnings amount	Necessary expenses
		.	yen	yen
		.	yen	yen
		.	yen	yen
		.	yen	yen
			Foreign income tax on foreign stocks, etc.	yen

9. Matters regarding miscellaneous income (excluding national pension)

Category	Name and corporate number or address of the payer, etc.	Earnings amount	Necessary expenses
		yen	yen
		yen	yen
		yen	yen

10. Matters regarding aggregate transfers and lump-sum income

Aggregate transfers	Earnings amount		Necessary expenses		Difference (earnings amount - necessary expenses)		Special deduction amount		Income amount (difference - special deduction amount)	
	Short-term	Long-term	yen	yen	yen	yen	A	B	yen	yen
			yen	yen	yen	yen				yen
			yen	yen	yen	yen				yen
			yen	yen	yen	yen				yen
Lump-sum										yen
							D Total (A) = A + [(B + C) x 1/2]			yen

In "J" on the front, enter the amount you entered in "A" on the upper right, enter the amount in "B" in "K" on the front, and enter the amount in "C" in "I" on the front.

11. Matters regarding family members working in a family business

1	Furigana		Rel.	Date of birth	Meiji / Taisho / Showa / Heisei / Reiwa		Wage deduction	yen
	Name				.	.		
	Individual number (My Number)					Months worked		
2	Furigana		Rel.	Date of birth	Meiji / Taisho / Showa / Heisei / Reiwa		Wage deduction	yen
	Name				.	.		
	Individual number (My Number)					Months worked		
3	Furigana		Rel.	Date of birth	Meiji / Taisho / Showa / Heisei / Reiwa		Wage deduction	yen
	Name				.	.		
	Individual number (My Number)					Months worked		
Approved for "blue" income tax return				Approved / Denied		Total		yen

13. Matters regarding enterprise tax

Non-taxable income, etc.	Income amount	yen
Real estate income before the application of the special exemption for aggregation of gains and losses		yen
Loss on transfer of business assets, etc.	Type of asset	
	Loss amount, damage loss amount ("white" return)	yen
Opened or closed business during the previous year	Opened / Closed	
	mth	day
<input type="checkbox"/> Offices and bases in other prefectures		

12. Matters regarding dependents living separately

Note: If a dependent is living outside of Japan, you must attach a document to certify that fact.

1	Furigana		Address	Living outside of Japan	<input type="checkbox"/> Spouse <input type="checkbox"/> 29 years old and younger or 70 years old and older <input type="checkbox"/> Study abroad <input type="checkbox"/> Disability <input type="checkbox"/> Payments of 380,000 yen or more
	Name				
2	Furigana		Address	Living outside of Japan	<input type="checkbox"/> Spouse <input type="checkbox"/> 29 years old and younger or 70 years old and older <input type="checkbox"/> Study abroad <input type="checkbox"/> Disability <input type="checkbox"/> Payments of 380,000 yen or more
	Name				
3	Furigana		Address	Living outside of Japan	<input type="checkbox"/> Spouse <input type="checkbox"/> 29 years old and younger or 70 years old and older <input type="checkbox"/> Study abroad <input type="checkbox"/> Disability <input type="checkbox"/> Payments of 380,000 yen or more
	Name				

14. Matters related to donations (Attach documents and receipts)

Prefectures, cities, towns and villages (subject to special deductions)	yen
Central Community Chest of Jalan Tokyo; Japan Red Cross Tokyo Branch; prefectures, cities, towns and villages (not subject to special deductions)	yen
Authorized foundations	Tokyo
	Shibuya City

15. Matters regarding income amount adjustment deductions

Furigana	Name	Rel.	Date of birth	Meiji / Taisho / Showa / Heisei / Reiwa		If you qualify for a special disability	Level: Level:	Address if living separately
				.	.			
	Individual number (My Number)							

16. If you had no income in the previous year

(1) Dependent of or received financial support (remittance) from the following persons (if you are a student, please include the name of the school, etc.)									
Address		Name			(Rel.)		School name		Enrolled in (please specify grade/year)
(2) Received unemployment or worker's compensation benefits				Period received: from (yr mth day) to (yr mth day) / or still receiving					
(3) Received survivor's pension, disability pension, etc. (circle all that apply)				Survivor's pension / Disability pension / Other					
(4) Received daily life support through the Public Assistance Act				Period received: from (yr mth day) to (yr mth day) / or still receiving					
(5) Other (fill in means of livelihood) (e.g., living on savings)									

Name of certified public tax accountant/preparer _____

Phone number _____