ANNUAL EARNINGS REPORT

Date (YYYY/MM/DD):

TO: Shibuya City Mayor

Address: **Shibuya-ku**	Reading in Katakana Characters (Furigana): Full Name:

		Name of Child	Date of Birth of Child(YYYY/MM/DD)	Name of Nursery School
(Date of Birth (YYYY/MM/DD)): / / /	(TEL) – –		/ / /	Nursery School
			/ / /	Nursery School
			/ / /	Nursery School

I hereby report my annual earnings for the (Year) (the one-year period between January and December that year).

[Please check off one of the two below that applies and fill in the required items.]

☐ I **have** earnings→ Please attach documents that indicate a breakdown of your earnings and deductions(※) to the reverse side of this form
or fill in ①Amount of earnings and ② Amount of Deductions on the **reverse side of this form**.
(You may also attach tax filings (that contain statements of amounts of annual earnings) or salary particulars from overseas)

☐ I **did not have** earnings→ Please circle the below items that apply and fill in the required items.
(You do not have to complete the reverse side of this form)

↓Please circle the below items that apply.

( )	A. I was a dependent family member.	Full Name of Financial Supporter	Relationship with Financial Supporter
( )	B. I received payments from unemployment insurance, etc.	[Please circle the item that applies and enter the applicable period] Unemployment insurance / Industrial accident insurance / Other ( ) Period (YYYY/MM/DD): / / / - / / /	
( )	C. Other	Please state your means of livelihood in detail. _	

<Please complete the following if you have earnings>

① Amount of Earnings

Ⅰ. Salary earnings

	Period	Place of Work	Amount of Earnings (Amount including social insurance premiums, etc.)
Salary	From (Month) to (Month)		yen
	From (Month) to (Month)		yen

Ⅱ. Non-salary earnings

Category	Place Income Was Generated/ Item of Income	Amount of Earnings	Necessary Expenses	Amount of Income
		yen	yen	yen
		yen	yen	yen

※ Category: Please enter the applicable category from among the following: Business, etc. / Real estate / Interest / Dividend / Miscellaneous (Public pension, etc.) / General transfer / Occasional

② Amount of Deductions

Deduction for casualty losses	Assets Subject to Damages and Cause Thereof	Amount of Damages	Amount Compensated
		yen	yen
Deduction for medical expenses	Medical Expenses Paid		Amount Compensated
	yen		yen
Deduction for social insurance premiums	National Health Insurance Premiums	National (Welfare) Pension Premiums	Long-Term Care Insurance Premiums
	yen	円	yen
	Advanced Elderly Medical Care Insurance Premiums	Other（ ）	
	yen	yen	
Deduction for small-scale enterprise mutual aid premiums, etc.	Total of Small-Scale Enterprise Mutual Aid Premiums, Mentally and Physically Disabled Mutual Aid Premiums, and Personal Pension Premiums under Defined Contribution Pension Act		
	yen		
Deduction for life insurance premiums	Total of New Life Insurance Premiums		yen
	Total of New Personal Pension Premiums		yen
	Total of Long-Term Care Insurance Premiums		yen
	Total of Prior Life Insurance Premiums		yen
	Total of Prior Personal Pension Premiums		yen
Deduction for earthquake insurance premiums	Total of Earthquake Insurance Premiums		yen
	Total of Prior Long-Term Loss Insurance Premiums		yen

	Full Name	Date of Birth (YYYY/MM/DD)	Disability	Living Together or Apart	Income of Spouse
Spouse		/ /	Class: Severity:	Together / Apart	yen

	Full Name	Relationship	Date of Birth (YYYY/MM/DD)	Disability	Living Together or Apart	Address if Living Apart
Dependent family members			/ /	Class: Severity:	Together / Apart	
			/ /	Class: Severity:	Together / Apart	
			/ /	Class: Severity:	Together / Apart	

REVERSE SIDE