

受付印
【X】 年度市民税県民税の申告書
神戸市市税事務所長宛
提出 年 月 日

作成税理士
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現住所
フリガナ
氏名
【X】 年1月1日の住所
同上
職業
屋号・雅号
世帯主の氏名
世帯主との続柄
給与の支払者等
給与の支払者等の電話番号
生年月日
電話番号
自宅の電話番号
携帯電話の電話番号
個人番号・マイナンバー
【X】 年1月1日に、神戸市に住民票のない方のみ、ご記入ください。
備考欄（代筆時は代筆者・続柄を記入）

Stamp of Receipt
Municipal/Prefectural Tax Return Form for FYXXXX
To the Kobe City Municipal Tax Office Director
Submitted on: YYYY年 MM月 DD日

Certified Public Tax Accountant (if applicable):
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Current address
Furigana (Name in katakana)
Full Name (Last, First)
Address as of January 1, XXXX (If same as current address, leave blank and mark a check <input checked="" type="checkbox"/> in the box next to "Same as above")
Same as above (Mark a check <input checked="" type="checkbox"/> in the box if address as of January 1, XXXX is the same as current address)
Occupation
Business name/pseudonym
Name of head of household
Relationship to head of household
Employer
Phone number of employer
Date of birth (YYYY/MM/DD)
Phone number
Home
Mobile
Individual Number (MyNumber)
Required only if address as of January 1, XXXX is outside of Kobe.
Remarks (if you are filling in this tax return for someone else because they cannot do it themselves, write your name and relationship to them)

1 【X-1】 年中の収入金額
収入金額・必要経費
事業
①営業等
②農業
③不動産
④利子
⑤配当
⑥給与
雑
⑦公的年金等
⑧その他
譲渡
⑨短期
⑩長期
⑪一時
給与所得・年金所得のいずれもある場合又は給与収入が850万円超の場合で条件に該当する方は必ずしてください。※詳細は別紙「【X】年度の市民税・県民税（住民税）の計算方法と森林環境税」を確認してください。
所得金額調整控除を適用

※控除の内容は裏面に記入してください。
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2 納付方法
給与収入がある方で、給与収入以外の収入に係る市民税・県民税について希望する納付方法に必ずしてください。
1. 給与から引落し（特別徴収）
2. 自分で納める（普通徴収）
※65歳以上の方の公的年金等に係る市民税・県民税は、公的年金等からの引落しです。

1 Annual income (January to December of 【X-1】)
Income/Necessary expenses
Business income
① Sales and other operations
② Agriculture
③ Real estate income
④ Interest income
⑤ Dividend income
⑥ Employment income (Salaries, wages, bonuses, etc.)
Miscellaneous income
⑦ Pensions
⑧ Other
Capital gains
⑨ Short-term
⑩ Long-term
⑪ Occasional
Check <input checked="" type="checkbox"/> the box if you have income from both employment and pensions. Also check the box if your employment income exceeds 8,500,000 yen and at least one of the following applies to you: (a) you are a person with special disabilities (特別障害者) (b) you have a dependent under the age of 23 (c) your spouse (living in the same household as you (同一生計配偶者)) and/or one or more of your dependents have special disabilities (特別障害者).
Excepted from the document, "How to Calculate Municipal/Prefectural (Resident) Tax and Forest Environmental Tax of Fiscal Year 【】" (「【X】年度の市民税・県民税（住民税）の計算方法と森林環境税」)
Income adjustment deduction applicable

*Fill out deductions and credits on the back of this page.
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2 Method of tax payment
If you are employed and have income other than your salary/wages, please mark a check <input checked="" type="checkbox"/> for the method by which you wish to pay municipal/prefectural taxes imposed on this income.
1. Have employer withhold taxes from salary/wages (特別徴収 / Special Collection)
2. Pay the taxes yourself using tax payment slips, etc. (普通徴収 / General Collection)
*If you are 65 years or older, municipal/prefectural taxes imposed on public pensions will be withheld from your public pension payments regardless of your choice.

給与の源泉徴収票のない方は次の「3 給与の明細」に記入してください。	
3 給与の明細	
月別	
月給	
円	
1月・2月・3月・4月・5月・6月・7月・8月・9月・10月・11月・12月	
賞与（ボーナス）等	
合計	

4 収入がなかった方	
上記収入なし	
左に☑した方は、下記の1～4の項目にも☑してください。	
1 仕送り又は扶養されていた。	
仕送り又は扶養していた人の（氏名）（住所）（続柄）	
2 遺族年金、傷病手当、障害年金等を受給していた。	
3 雇用保険を受給していた。（受給期間）	
4 貯蓄 生活保護 児童扶養手当 その他（ ）	

5 所得から差し引かれる金額	
⑫雑損控除	
損害金額	
補てんされる金額	
うち災害関連支出金額	
⑬医療費控除	
支払った医療費又は対象のOTC医薬品購入費	
補てんされる金額	
セルフメディケーション税制を選択	
⑭社会保険料控除	
国民健康保険料	
後期高齢者医療保険料	
国民年金保険料	
介護保険料	
源泉徴収票記載社会保険料	
⑮小規模企業共済等掛金控除	
支払った掛金の合計額	
⑯生命保険料控除	
新生命保険料の合計	
旧生命保険料の合計	
新個人年金保険料の合計	
旧個人年金保険料の合計	
介護医療保険料の合計	
⑰地震保険料控除	
支払った保険料の合計	
うち長期損害保険料	

⑱あなたが該当する事項を○で囲み、☑してください。	
特別障害者	
普通障害者	
身体（ 級）	
精神（ 級）	
療育（ ）	
交付日	
有効期限	
認定（特別障害・普通障害）	
寡婦	
婚姻後の状態	
離別・※扶養親族が有る人に限る	
死別	
生死不明	
ひとり親・※総所得金額等が58万円以下の生計同一の子が有る人に限る	
勤労学生	
学校名（ ）	
未成年者	
【Y】年1月3日以降生まれの人	

Please fill out section 3 (Detailed statement of salaries and wages) if you cannot provide a Withholding Tax Statement (源泉徴収票).	
3 Detailed statement of salaries and wages	
By month	
Monthly income	
Yen	
January, February, March, April, May, June, July, August, September, October, November, December	
Bonuses, etc.	
Total	

4 For individuals with no income	
No income to report in the above categories ①-⑭	
If you have checked off the box to the left, mark a check ☑ in all applicable boxes below.	
1 I was provided with allowances or taken care of as a dependent.	
Information on person(s) providing allowance or support: (Name) (Address) (Relationship)	
2 I was receiving bereaved family pension payments, accident and sickness benefits, disability pension, etc.	
3 I was receiving unemployment insurance payments (Period in which payments were received: YYYY/MM/DD – YYYY/MM/DD )	
4 I was depending upon personal savings, social welfare payments, child-support payments, other (Please specify: )	

5 Amount of deductions to be made from income	
⑫ Miscellaneous losses deduction	
Amount of losses	
Amount of compensation	
Amount of losses related to the occurrence of a natural disaster	
⑬ Medical expenses deduction	
Amount paid for medical care and applicable OTC medications	
Amount of compensation	
I choose to apply for the self-medication taxation system	
⑭ Social insurance deduction	
National health insurance payments	
Late-stage elderly health insurance payments	
National pension insurance payments	
Nursing care insurance payments	
Social insurance payments listed on certificate(s) of income and withholding tax	
⑮ Small business mutual aid premium payment deduction	
Total amount of premium payments	
⑯ Life insurance premium payment deduction	
Total amount of payments under new life insurance policy contracts	
Total amount of payments under old life insurance contracts	
Total amount of payments under new personal pension policy contracts	
Total amount of payments under old personal pension policy contracts	
Total amount of payments for nursing care insurance	
⑰ Earthquake insurance premium payment deduction	
Total amount paid in insurance fees	
Amount of payments made for long-term damage insurance	

⑱ Please mark a check ☑ for any of the following that apply to you.	
Individual with special disability	
Individual with regular disability	
Physical (Grade: )	
Mental (Grade: )	
Developmental (Grade: )	
Certificate/handbook issued on: YYYY/MM/DD	
Certificate/handbook valid until: YYYY/MM/DD	
Type of certification (special or regular)	
Widow	
Postnuptial status	
Estranged (Mark a check only if you have dependent relatives)	
Bereaved	
Unknown if spouse is alive or dead	
Single parent (Mark a check ☑ only if you have dependent children whose incomes are under 580,000 yen.)	
Working student	
(School: )	
Minor	
Born after January 3, 【Y】	

⑱配偶者（控除対象配偶者／同一生計配偶者／配偶者特別控除の対象者）
フリガナ
氏名
生年月日
個人番号・マイナンバー
【X】年1月1日に、神戸市に住民票のない方のみ、ご記入ください。
障害者控除
身体（ 級）
精神（ 級）
療育（ ）
交付日
有効期限
認定（特別障害・普通障害）
同居
別居
別居の場合のみ記入
住所
給与収入額
年金収入額

㉔配偶者以外の扶養する親族（生計同一で合計所得金額58万円以下の扶養親族／生計同一・58万円超・19歳以上23歳未満の特定親族特別控除対象者）
フリガナ
氏名
生年月日
同居
別居
別居の場合のみ記入
住所
個人番号・マイナンバー
【X】年1月1日に、神戸市に住民票のない方のみ、ご記入ください。
障害者控除
身体（ 級）
精神（ 級）
療育（ ）
交付日
有効期限
認定（特別障害・普通障害）
【特親控除】
該当の控除額を○で囲んでください
45万円／41万円／31万円／21万円／11万円／6万円／3万円
合計所得金額

6 税額控除
住宅借入金等特別税額控除
居住開始年月日（年・月・日）
住宅借入金等特別控除可能額
配当割額控除
株式等譲渡所得割額控除
寄附金税額控除
都道府県市町村又は特別区に対する寄附金（ワンストップ特例分を含む）
兵庫県共同募金会、日本赤十字社兵庫県支部に対する寄附金
条例指定分
神戸市
兵庫県

提出先
郵便番号653-8762
神戸市長田区二葉町5丁目1番32号新長田合同庁舎3階
神戸市個人市民税担当

⑱ Spouse eligible for exemption/living in the same household/eligible for special spousal exemption
Furigana (Name in katakana)
Full Name (Last, First)
Date of birth
Individual Number (MyNumber)
Required only if address as of January 1, XXXX was outside of Kobe.
Exemption for persons with disabilities
Physical (Grade: )
Mental (Grade: )
Developmental (Grade: )
Certificate/handbook issued on: YYYY/MM/DD
Certificate/handbook valid until: YYYY/MM/DD
Type of certification (special or regular)
Living together
Living separately
Fill in only if living separately
Address
Income from salaries and wages
Income from pensions

㉔ Dependent family members (excluding spouse) / Household members with total annual incomes under 580,000 yen / Household members eligible for Special Exemption for Specified Relatives (特定親族特別控除) with total annual incomes above 580,000 yen, who are 19 to 22 years old
Furigana (Name in katakana)
Full Name (Last, First)
Date of birth
Living together
Living separately
Fill in only if living separately
Address
Individual Number (MyNumber)
Required only if address as of January 1, XXXX was outside of Kobe.
Exemption for persons with disabilities
Physical (Grade: )
Mental (Grade: )
Developmental (Grade: )
Certificate/handbook issued on: YYYY/MM/DD
Certificate/handbook valid until: YYYY/MM/DD
Type of certification (special or regular)
[Special Parental Exemption (特別親控除)]
Please circle the applicable deduction amount.
450,000 yen / 410,000 yen / 310,000 yen / 210,000 yen / 110,000 yen / 60,000 yen / 30,000 yen
Total income amount

6 Tax credits
Special credit for loans, etc. related to a dwelling
Move-in Date: YYYY/MM/DD
Applicable limit
Dividend credit
Transfer of stocks credit
Donation credit
Donations made to prefectural government, local municipality, or specially designated municipality (including one-stop exception system)
Community Chest of Hyogo Prefecture, Japanese Red Cross Society Hyogo Branch
Amount donated to organization(s) recognized by municipal or prefectural ordinance
Kobe City
Hyogo Prefecture

Submit to
Postal Code: 653-8762
Kobe-shi Nagata-ku Futabacho 5-chome 1-32, Shin Nagata Government Bldg. 3F
Kobe City Individual Municipal Residence Tax Supervisor（神戸市個人市民税担当）

添付して提出する資料に関する説明

給与の源泉徴収票や社会保険料の控除証明書等は、**のりやテープ等で貼り付けずに**市民税・県民税申告書と併せて提出してください。添付資料は、返送できませんので、必要な方はコピーを提出してください。

(添付資料がない場合もこの用紙を提出してください。)

★添付資料の詳細は別紙「【X】年度市民税・県民税(住民税)の申告の手引き(●ページ)」をご確認ください。

市民税・県民税申告書と併せて提出したものにのしてください。
収入や必要経費がわかるもの
例：源泉徴収票のコピー 又は 給与明細書のコピー 等
医療費控除の明細書(領収書では控除を適用できません)
社会保険料の控除証明書
生命保険料の控除証明書
地震保険料の控除証明書
寄附金の受領書
障害者手帳のコピー 又は 障害者控除対象者認定書
学生証のコピー 又は 在学証明書
その他の書類

申告書の控えが必要な方は、下記に☑のうえ、宛先を記入し、**切手を貼った返信用封筒**を同封してください。

市民税・県民税申告書の控えの返送を希望します。

※ 切手・返信用封筒がない場合、返送できません。

※ 添付書類は返送できません。必要な方は、コピーを提出してください。

Explanation of additional documents to be submitted

Please submit any supporting documents, such as employment income withholding records and deduction certificates for social insurance deduction, together with your tax return. Please refrain from using glue or adhesive tape. Supporting documents cannot be returned to you, so please send photocopies if you wish to keep the original documents.

(Please submit this page regardless of if there are any supporting documents to be submitted or not.)

★For more information about supporting documents, please refer to the Municipal/Prefectural Tax Return Manual for FY (X) (page ●)

Please mark a check <input checked="" type="checkbox"/> in the boxes below to indicate which supporting documents you have submitted with your tax return.
Documents indicating your income and expenses
e.g. Withholding Tax Statement, pay stubs, etc.
Medical Expenses Deduction Statement (Mandatory for medical expense deductions. Receipts are not accepted as a substitute)
Deduction Certificate for Social Security Premiums
Deduction Certificate for Life Insurance Premiums
Deduction Certificate for Earthquake Insurance Premiums
Donation Receipts
Photocopy of Disability Certificate/Handbook or Certificate of Eligibility for Disability Tax Credit
Photocopy of student ID card or Proof of Enrollment document
Other

If you require a copy of your tax return to be returned to you, please mark a check ☒ the box below and submit a return envelope affixed with a postage stamp along with your tax return.

I request a copy of my tax return form be sent back to me.

\*We cannot send a copy of your tax return form if you do not submit a return envelope and postage stamp.

\*Attached/supporting documents cannot be returned to you, so please send photocopies if you wish to keep the original documents.