

Reception stamp

2021 Tax Return Form of Municipal/Prefectural Tax

整理番号

To the Mayor of Kobe

Submitted on: _____ (year) _____ (month) _____ (day)

2021

Current address					Name in katakana						
					Name		(Seal)				
Address as of January 1st, 2021	<input type="checkbox"/> Same as above	Date of birth	Occupation	Business name / pseudonym	Name of householder		Relationship to householder				
Individual Number (My Number)		番号確認 <input type="checkbox"/> 済 <input type="checkbox"/> 未	Place or organization paying salary or wages	TEL	Sex	Male / Female	Phone number	Home		— —	
		本人確認 <input type="checkbox"/> 済 <input type="checkbox"/> 未						Mobile		— —	

1. Amount of total receipts for 2020 (January to December)

		Amount of total receipts	Necessary expenses
Business income	① Business, etc.		
	② Agriculture		
③ Real estate			
④ Interest			
Dividends	⑤ Stocks, etc.		
	⑥ Publicly held stocks, etc.		
⑦ Salary or wages			Income adjustment deduction is applied. <input type="checkbox"/>
Miscellaneous income	⑧ Public pension, etc.		Please fill out this section if you are not in possession of a certificate of withholding tax. (3. Detailed statement of salary or wages)
	⑨ Miscellaneous		
Capital gains	⑩ Short term ⑪ Long term		
⑫ Temporary			

Choose to use a system that does not require a declaration Select for each account / transaction

2. Method of tax payment For individuals receiving income from salary or wages, please mark one of the boxes below to select your method of payment of municipal/prefectural taxes for non-salary income.

- 1. Withdraw payment from salary bank account (special tax collection) ※ Please note that individuals aged 65 years and older will have their public pension related municipal/prefectural tax payments deducted from own public pension payments, etc.
- 2. Submit payment in person (regular tax collection)

3. Detailed statement of salary or wages

Month	Monthly salary (yen)	Month	Monthly salary (yen)
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	
Monthly salary		yen	
Total		yen	

4. For individuals with no income

No income to report in the above (If you have marked the box to the left, you must mark 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 receiving payments) From (year) (month) (day) to (year) (month) (day)
- 4 I was depending upon personal savings, social welfare payments, child-support payments, others ()

5. Amount of deductions to be made from income

⑬ Miscellaneous loss deductions	Amount of losses yen	Amount of compensation yen	Amount of losses related to the occurrence of a natural disaster yen
	Amount paid for medical care and applicable OTC medications yen		Amount of compensation yen
⑭ Medical expense deduction	Choose to the self-medication taxation system <input type="checkbox"/>		
	National health insurance payments yen	Latter-stage elderly health insurance payments yen	National pension insurance payments yen
⑮ Social insurance deduction	Nursing care insurance payments yen	Social insurance payments listed on certificate(s) of income and withholding tax yen	
	Total amount of premium payments yen		
⑯ Life insurance deduction	Total amount of payments under new life insurance policy regime yen		Total amount of payments under old life insurance contracts yen
	Total amount of payments under new personal pension policy regime yen	Total amount of payments under old personal pension policy regime yen	Total amount of payments for nursing care insurance yen
	Total amount paid in insurance fees yen		Amount of payments made for long-term damage insurance yen

⑰ Please mark any of the following that apply to you.

<input type="checkbox"/> Individual with special disability <input type="checkbox"/> Individual with regular disability Physical / Psychological / Mental disability (class) (class) () Type of certification (special/regular)	Post-nuptial status → <ul style="list-style-type: none"> <input type="checkbox"/> Widow <input type="checkbox"/> Single parent (Mark if you have dependent children) { <ul style="list-style-type: none"> <input type="checkbox"/> Estranged(Mark if you have dependent relatives) <input type="checkbox"/> Deceased <input type="checkbox"/> Unsure of whether former spouse is deceased
<input type="checkbox"/> Working student <input type="checkbox"/> Minor (Name of school:) (Any unmarried individual born on or after January 3 rd , 2000)	

⑱ Spouse covered by the exemption (Spouse living in the same household)	Name in katakana Name	Date of birth . .									
	(Spouse) Disability deduction Physical / Psychological / Mental disability (class) (class) () Type of certification (special/regular)	<input type="checkbox"/> Living together (If living apart from your spouse) Address: _____ <input type="checkbox"/> Separated									
	(Spouse) Amount of salary or wages earned yen	(Spouse) Amount of pension payments received yen									
	(Spouse) Individual Number (My Number) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>										

⑲ Dependent family members (excluding spouse)

Name in katakana Name	Individual Number (My Number)	Relationship Living together / separately	Date of birth (Last address if living separately) Address:	Exemption for people with disabilities Physical / Psychological / Mental disability (class) (class) () Type of certification (special/regular)
		<input type="checkbox"/> Living together <input type="checkbox"/> Living separately	(Last address if living separately) Address: _____	
		<input type="checkbox"/> Living together <input type="checkbox"/> Living separately	(Last address if living separately) Address: _____	
		<input type="checkbox"/> Living together <input type="checkbox"/> Living separately	(Last address if living separately) Address: _____	
		<input type="checkbox"/> Living together <input type="checkbox"/> Living separately	(Last address if living separately) Address: _____	

6. Tax deductions

Special deduction for housing loans, etc.	Amount of dividend deductions yen	Deduction for transfer of stocks, levy on income yen
Date on which individual moved in : (year/month/day) (. .)		
Deductions for charitable contributions		
Contributions made to prefectural government, local municipality, or specially designated municipality yen	Amount contributed to organization(s) recognized by municipal or prefectural ordinance	
Community Chest of Hyogo Prefecture or Japanese Red Cross Society Hyogo Branch yen	Hyogo prefecture yen	Kobe city yen

Supporting Documents

Please submit all supporting documents, such as employment income withholding records and deduction certificates for social insurance deduction, together with your municipal/prefectural tax return. **We ask you to kindly refrain from using glue or adhesive tape anywhere.** Also, please submit this paper regardless of if there are any supporting documents to be submitted.

*For more information about supporting documents, please refer to the Municipal/Prefectural Tax Return Manual for FY2021 (page 3).

Please check the appropriate boxes, indicating all supporting documents you have submitted with your municipal/prefectural tax return:

- Documents indicating your gross income and incurred expenses (e.g. Withholding Tax Statement, pay stubs, etc.)
- Medical Expenses Deduction Statement
- Deduction Certificate for Social Security Premiums
- Deduction Certificate for Life Insurance Premiums
- Deduction Certificate for Earthquake Insurance Premiums
- Donation Receipts
- Copy of the Disability Handbook or Certificate of Eligibility for Disability Tax Credit
- Student ID Card or Proof of University Enrollment
- Other