



整理番号

2022 Tax Return Form of Municipal/Prefectural Tax

To the Mayor of Kobe

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

2022

Form with fields: Current address, Name in katakana, Name, Address as of January 1st, 2022, Date of birth, Occupation, Business name, Name of householder, Relationship to householder, Individual Number (My Number), Place or organization paying salary or wages, Sex, Phone number, Home, Mobile.

1. Amount of total receipts for 2021 (January to December)

Table with columns: Business income, Real estate, Interest, Dividends, Salary or wages, Miscellaneous income, Capital gains, Temporary. Includes checkboxes for necessary expenses and income adjustment deduction.

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.

3. Detailed statement of salary or wages. Table with columns: Month, Monthly salary (yen). Rows for January to December, Bonuses, etc., and Total.

4. For individuals with no income. No income to report in the above categories. Includes checkboxes for dependent status, bereaved family pension, unemployment insurance, etc.

5. Amount of deductions to be made from income

⑬ Miscellaneous loss deductions	Amount of losses <div style="text-align: right;">yen</div>	Amount of compensation <div style="text-align: right;">yen</div>	Amount of losses related to the occurrence of a natural disaster <div style="text-align: right;">yen</div>
	Amount paid for medical care and applicable OTC medications <div style="text-align: right;">yen</div>		Amount of compensation <div style="text-align: right;">yen</div>
⑭ Medical expense deduction	Choose to apply the self-medication taxation system <input type="checkbox"/>		
⑮ Social insurance deduction	National health insurance payments <div style="text-align: right;">yen</div>	Latter-stage elderly health insurance payments <div style="text-align: right;">yen</div>	National pension insurance payments <div style="text-align: right;">yen</div>
	Nursing care insurance payments <div style="text-align: right;">yen</div>		Social insurance payments listed on certificate(s) of income and withholding tax <div style="text-align: right;">yen</div>
⑯ Deduction for small business mutual aid premium payments	Total amount of premium payments <div style="text-align: right;">yen</div>		
⑰ Life insurance deduction	Total amount of payments under new life insurance policy regime <div style="text-align: right;">yen</div>		Total amount of payments under old life insurance contracts <div style="text-align: right;">yen</div>
	Total amount of payments under new personal pension policy regime <div style="text-align: right;">yen</div>	Total amount of payments under old personal pension policy regime <div style="text-align: right;">yen</div>	Total amount of payments for nursing care insurance <div style="text-align: right;">yen</div>
⑱ Earthquake insurance deduction	Total amount paid in insurance fees <div style="text-align: right;">yen</div>	Amount of payments made for long-term damage insurance <div style="text-align: right;">yen</div>	

⑲ 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) () <div style="text-align: right; border: 1px solid black; padding: 2px;">Type of certification (special/regular)</div> <input type="checkbox"/> Working student <input type="checkbox"/> Minor (Name of school:) (Any unmarried individual born on or after January 3 rd , 2002)	→	}	Post-nuptial status <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"/> Widow <input type="checkbox"/> Single parent (Mark if you have dependent children)
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⑳ 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) () <div style="text-align: right; border: 1px solid black; padding: 2px;">Type of certification (special/regular)</div>	<input type="checkbox"/> Living (If living apart from your spouse) together Address: <input type="checkbox"/> Separated																			
	(Spouse) Amount of salary or wages earned <div style="text-align: right;">yen</div>	(Spouse) Amount of pension payments received <div style="text-align: right;">yen</div> (Spouse) Individual Number (My Number) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																			

㉑ Dependent family members (excluding spouse)

Name in katakana Name	Individual Number (My Number)	Relationship	Date of birth	Exemption for people with disabilities
		Living together / separately	(Last address if living separately) Address:	Physical / Psychological / Mental disability (class) (class) () <div style="text-align: right; border: 1px solid black; padding: 2px;">Type of certification (special/regular)</div>
		<input type="checkbox"/> Living together <input type="checkbox"/> Living separately	(List address if living separately) Address:	Physical / Psychological / Mental disability (class) (class) () <div style="text-align: right; border: 1px solid black; padding: 2px;">Type of certification (special/regular)</div>
		<input type="checkbox"/> Living together <input type="checkbox"/> Living separately	(List address if living separately) Address:	Physical / Psychological / Mental disability (class) (class) () <div style="text-align: right; border: 1px solid black; padding: 2px;">Type of certification (special/regular)</div>
		<input type="checkbox"/> Living together <input type="checkbox"/> Living separately	(List address if living separately) Address:	Physical / Psychological / Mental disability (class) (class) () <div style="text-align: right; border: 1px solid black; padding: 2px;">Type of certification (special/regular)</div>

6. Tax deductions

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

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 FY2022 (page 4).

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

If you require the items below, please check the corresponding box(es) below and submit a return envelope (with postage stamp attached) along with your tax return.

- I request a copy of my Tax Return Form be sent to me
- I request my supporting documents be returned