	Form for Fiscal [_		年の所得についておたずね)	
			整理番号 個人番号:	
Please be reminded levied by a municipy. This simplified tax. 1 has no informa. 2 needs to verify wants to know despite the fact.	I that municipal and prefect pality where you resided as return from is used if the I tion about your previous whether you are a depen why your municipal ar you were a resident of I	tural inhabitant's taxes are ca s of January 1st of the current Hikone Tax Division: as year's income Indent of someone or not a ad prefectural inhabitant Hikone as of January 1st o	in Hikone City's tax management. alculated according to your previous year t year. and of whom. t taxes have been levied by another	
·	er 2022 (Simplified Tax R			
	Address as of Jan 1	Shiga, Hikone,		
	Current Address			
	Name		Seal (F)	受付
	Tel			*
※Please answer the				
Q 1. Have you receive	d any notice of your mun	icipal/prefectural inhabitan	nt's tax from a municipality other than	
Q 1. Have you receive □ YES → Please write: Address: □ NO	d any notice of your mun	icipal/prefectural inhabitan	nt's tax from a municipality other than	
Q 1. Have you receive ☐ YES → Please write: Address: ☐ NO Q 2. What was your en	d any notice of your mun your last address in that mun mployment status during art-time, day labor) • Self-E nnual Income (icipal/prefectural inhabitan	r. Bereavement Pension	al governn
Q 1. Have you receive □ YES → Please write y Address: □ NO Q 2. What was your er □ Employed (including poor under the please) □ Untaxed → total ar □ No income → Please Q 3. This question is into Were you a dependent.	d any notice of your mun your last address in that mun mployment status during art-time, day labor) • Self-E nnual Income (e Go to Q 3. tended for those who chec ndent of someone last yea	icipal/prefectural inhabitanticipality, and attach a photocopicipality, and attach a photocopic fiscal 2022? mployed → Please turn it ove) yen from → cked the box "No income" ar?	r. Bereavement Pension Disability Pension Unemployment Insurance Others (in the Q 2 above.	al governm
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Q 1. Have you receive □ YES → Please write y Address: □ NO Q 2. What was your er □ Employed (including poor under the please) □ Untaxed → total ar □ No income → Please Q 3. This question is into Were you a dependent.	d any notice of your mun your last address in that mun mployment status during art-time, day labor) • Self-E mual Income (e Go to Q 3. tended for those who chec ndent of someone last year?	icipal/prefectural inhabitanticipality, and attach a photocopicipality, and attach a photocopic fiscal 2022? mployed → Please turn it ove) yen from → cked the box "No income" ar?	r. Bereavement Pension Disability Pension Unemployment Insurance Others (in the Q 2 above.	al governn

Company Name	A	Address and Te	elephone Number	Emp	oloyment Per	iod Tota	al Income	
				From				
				until				
	() -						yeı
				From				
	() -		until				VA
T		<i></i>	1 '41 1 11' 4	1.				ye
Ensure to attach a pho			U	-	Total			yeı
Only if you don't have pay	or within	ung tax sups,	iiii iii required iiiio a					
Q 5. If you are self-er	nployed, p	olease provide	e a type of your bus	siness, total ir	ncome, and	total business expense	S.	
[Type of Business] ¥		[Total]	Income]¥		[Total Bus	siness Expenses] ¥		
*You will receive some of	her docum	ents at a later d	ate via mail.					
[Details of Your Business]								
DI 611			4 1 1 4					
The following question								
Q 6. Questions about	the persor	n whose name	e written on the from	nt of this form	n.			
Any Spouse? Yes / No			applicable box below.					
Any spouse: Tes/100			married □Widowed □Separate □Disappeared □Not sure if my spouse is dead or alive □S					
Disability Certificate? Yes/No	→If ye	s: (Physical •	Rehab • Mental/	Grad	de / Issue D		/)
Are You a Student? If yes: (Sc						/Grade:)
Q 7. Questions about	a depende	ent(s) of the p	erson whose name	written on th	e front of th	is form.		
Name Of A Spouse	e	Relationship	Living Status	Birthday	Income	Level of Disability	Individual N	Vumber
			Together/Separate		Yen	Grade		
Name Of A Depende	ent	Relationship	Living Status	Birthday	Income	Level of Disability	Individual N	Jumber
			Together/Separate		Yen	Grade		
			Together/Separate					
			Together/Separate					
		D 1 (1 1)	Living Status	Birthday	Income	Level of Disability	Individual N	Jumber
Name of A Dependent (16 years a	nd younger)	Relationship	Living Status	Diffulday	niconic	Devel of Bisdomey	11101 / 10/000 1	Tarricor
Name of A Dependent (16 years a	and younger)	Relationship	Together/Separate	Billiday	Yen	Grade	11101 / 101011 1	tarricer
Name of A Dependent (16 years a	and younger)	Relationship		Dittikaly			1101,10001	

Do not forget to attach a photocopy of pay slips or a withholding tax statement if anyone above made money last year.

Q 8. If you paid your health insurance premiums last year (Jan to Dec), please submit proof of payment.

Health Insurance (National Health, Employer-Sponsored health	Life Insurance	Earth Quake Insurance	Other Insurance	
Insurance, Long-Term Care, National Pension, etc.)	Life Histirance	Earth Quake histratice	()
yen	yen	yen		yen

^{*}Please attach a physical statement issued by Japan Pension Service regarding the deduction of your national pension contributions.

Q 9. Questions about your residence (please fill out the table below only if you are currently living outside Hikone City).

_ ` ` `	· ·			, ,	•	 • /	
Address of taxed property			Date y	ou moved out of Hike	one		
Reasons for having moved out of Hikone							
Any plans to come back to Hikone?	Yes (Date:	/	/) *If possible.		No	
If you work abroad,	Name						
write the name of the company.	Address						

<Important Notes>

A home address of your family member who is living separately but is your dependent.

^{*}No need to attach proof of payment if you paid bills charged by Hikone City for your national health, long-term care, or medical system for elderly people.

^{*}If you have a life or earth quake insurance and want to claim a tax deduction, attach a photocopy of a physical contract issued by your insurance company.

^{*}If you want to claim a tax reduction for medical expenses or donations, please contact the Hikone Tax Division for further information.

[•] Please write your and each of your family member's 12-digit My Numbers.

 $[\]bullet$ As a general rule, this simplified tax return form is the equivalent of filing a tax return.

[•] If you fail to file this form by the certain time, it will affect the proper calculation of your NHI premiums, the issue of certificates, and more public services.

[How to Fill out the Form] *Make sure to fill out all the required information on the form written in Japanese.

Company Name	Address and Te	elephone Number	Emp	loyment Period	Total Income	
XX Corporation (ABC Cir	y, EFG-cho	From until	Jan 1 Oct 31	1,000,000	ye
Do not forget to write the total a	amount of you	· annual income	2.	1		
Be sure to attach a photocopy of	-					ye
1 17			•	医松松	_	
nly if you don't have pay or withh				Total	1,000,000	ye
Q 5. If you are self-employed	C at Section	No. 100		come, and total bu	isiness expenses.	
[Type of Business] ¥	[Total	Income]¥		[Total Business E	xpenses] ¥	
*You will receive some other docu	ments at a later d	ate via mail.		2320		=32
[Details of Your Business]						
he following questions are a	hout incom	tov doductic			ALTERNATIVE WELLSCHEINE WELLSCHEINE WAR	. (() ()
Q 6. Questions about the pers						
				Li		
		t applicable box bel		□Not come if	ise is dead or alive Single Parent)	i.
		Rehab • Mental			ise is dead or arive LiSingle Parent)	V.
Are You a Student? If yes: (School Nama		Netido - Ivicinai	Citac	issue Lauc .	/Grade:	Y.
Q 7. Questions about a depen	CTCL TO L	erson whose so	me written on th	e front of this form		,
			ALL CONTRACTOR	L HOIR OF HIS IOTH	# T	
Name Of A Spouse	Relationship	Living Status	Birthday	For Q6 and Q7	, even with no income during th	ne
N. S. C. C. College of the College o	Transcription to the second	Together Separate		1	od, if you have a disability	
Name Of A Dependent Zeimu Taro	Relationship	Living Status	Birthday		ive a family member as a	
		Togethor/Separate			sure to fill in the required	
Zeimu Hanako		Together Separate 1955 Feb		information here.		
N	Polotionship	Together/Separate Living Status		Information field	С.	
Name of A Dependent (16 years and younger) Relationship	Together/Separate	Birthday	H		
		Together/Separate				
		Together/Separate				
A home address of your family mem	ber who is	1 agrand or paint		55 55	- In	
living separately but is your depe		1,				
	nny of nav cline	or a withholdin	g tax state tif		s can be applied to you if you	
Do not forget to attach a photoc	upra or para sups				isurance noticy other	
Do not forget to attach a photoc			SCA-1000 0000	bought a life ir	2 2	
Q 8. If you paid your health in	surance premi	ums last year (J	SCA-1000 0000	insurance poli	cies. There is no need,	
Q 8. If you paid your health in Health Insurance (National Health,	isurance premi Employer-Sponsore	ums last year (J	SCA-1000 0000	insurance polic however, for a	2 2	
Q 8. If you paid your health in Health Insurance (National Health,	surance premi	ums last year (J	an to Dec),	insurance polic however, for a in this part.	cies. There is no need, nyone with no income to fill	
Q 8. If you paid your health in Health Insurance (National Health,	isurance premi Employer-Sponsore	ums last year (J d health l Pension, etc.)	an to Dec),	insurance polic however, for a in this part. • Please attach a	cies. There is no need, nyone with no income to fill original copy of your national	
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Q 8. If you paid your health in Health Insurance (National Health, Insurance, Long *Please attach a physical statement issu *No need to attach proof of payment if *If you have a life or earth quake insurance a	Employer-Sponsore -Term Care, Nationa 30,000 ed by Japan Pensic you paid bills char nd want to claim a tar	ums last year (J d health l Pension, etc.) yen on Service regarding ged by Hikone City deduction, attach a pl	an to Dec), p Life Insurance g the deduction of your for your national head	insurance police however, for a in this part. • Please attach a health insurance are enrolled in earth of the life insurance, sure to attach a sure to a su	cies. There is no need, nyone with no income to fill conginal copy of your national ce premiums statement if you the NHI system. claim tax deductions for your earthquake insurance, etc. make	
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are working for.