

住所 _____
 氏名 _____

○ 所得の内訳(所得税及び復興特別所得税の源泉徴収税額)

所得の種類	種目・所得の生ずる場所又は給与などの支払者の氏名・名称	収入金額	所得税及び復興特別所得税の源泉徴収税額
38 所得税及び復興特別所得税の源泉徴収税額の合計額			

○ 雑所得(公的年金等以外)、総合課税の配当所得・譲渡所得、一時所得に関する事項

所得の種類	種目・所得の生ずる場所	収入金額	必要経費等	差引金額

○ 住民税に関する事項

16歳未満の扶養親族	扶養親族の氏名	続柄	生年月日	別居の場合の住所
給与・公的年金等に係る所得以外(平成26年4月1日において65歳未満の方は給与所得以外)の所得に係る住民税の徴収方法の選択				<input type="radio"/> 給与から差引き <input type="radio"/> 自分で納付
配当に関する住民税の特例				
非居住者の特例				
配当割額控除額				
寄付金税額控除	都道府県市区町村分		条例指定分	都道府県
	住所地の共同募金会、日赤支部分			市区町村
別居の控除対象配偶者・控除対象扶養親族の氏名・住所			氏名	住所

○ 所得から差し引かれる金額に関する事項

⑥ 社会保険料控除	社会保険の種類	支払保険料	⑦ 小規模企業共済等掛金控除	掛金の種類	支払掛金
	合計			合計	
⑧ 生命保険料控除	新保険料の計			旧保険料の計	
	新個人年金料の計			旧個人年金保険料の計	
	介護医療料の計				
⑨ 地震保険料控除	地震保険料の計			旧長期損害保険料の計	
⑩ 本人該当事項	<input type="checkbox"/> 寡婦(寡夫)控除 <input type="checkbox"/> 死別 <input type="checkbox"/> 生死不明 <input type="checkbox"/> 離婚 <input type="checkbox"/> 未帰還			<input type="checkbox"/> 勤労学生控除 学校名 _____	
⑪ 障害者控除	氏名				
⑫~⑭ 配偶者・扶養控除	配偶者の氏名	生年月日	<input type="checkbox"/> 配偶者控除 <input type="checkbox"/> 配偶者特別控除		
	控除対象扶養親族の氏名	続柄	生年月日	控除額	
⑭ 扶養控除額の合計					

⑰ 雑損控除	損害の原因	損害年月日	損害を受けた資産の種類など	
⑱ 医療費控除	支払医療費		保険金などで補填される金額	差引損失額のうち災害関連支出の金額
⑲ 寄付金控除	寄付先の所在地・名称		寄付金	

○ 特定適用条文等

your address _____
 your name _____

o Statement of income and withholding tax

type of income	Kinds/ Where you get it / Who you receive it from	amount of earnings	amount of withholding tax
38 Total amount of withholding tax			

o Items concerning miscellaneous income (excluding public pension, etc.) income from dividends, capital gains under aggregate taxation and occasional income

Type of income	Kinds / Where you get it	amount of earnings	amount of expense	Balance

o Items concerning inhabitant tax

dependents under age 16	name	relationship	birth date	address (if not resides together with you)	
means of payment of inhabitant tax by salary earners, on income other than employment income and miscellaneous income from public pensions, etc.,			<input type="radio"/>	deduction from wages	
			<input type="radio"/>	self payment	
special provisions for computing dividend income					
special treatment for non-residents					
Deduction of inhabitant tax withheld from dividends					
Tax credit for donations	Prefectural / Municipal portion	specified with ordinance	prefecture		
	Community chest / Red cross society		municipality		
name and address of qualified spouses and dependents not residing together with you		name	address		

o Items concerning deduction and exemption from income

Public insurance premiums	Kind of public insurance	amount of premiums paid	⑦ small business mutual aid premiums	Kind of premiums	amount of premiums paid
total				total	
⑧ life insurance premiums	amount of insurance premiums		amount of insurance premiums(former)		
	amount of individual pension premiums		amount of individual pension premiums(former)		
	amount of nursing care insurance premiums				
⑨ Earthquake insurance premiums	amount of Earthquake insurance premiums		amount of long-term casualty insurance premiums(former)		
⑩ - ⑪ items concerning you	<input type="checkbox"/> exemption for widows or widowers		<input type="checkbox"/> exemption for working students		
	<input type="checkbox"/> spouses dead	<input type="checkbox"/> spouses dead or alive unclear	name of your school		
	<input type="checkbox"/> divorced	<input type="checkbox"/> missing in action			
⑫ disabled	name				
⑬ - ⑭ spouse/dependents	name of your spouse	birth date of your spouse	<input type="checkbox"/> exemption for spouses		
			<input type="checkbox"/> special exemption for spouses		
	name of your qualified dependents	relationship	birth date of your qualified dependents	amount of exemption	
				⑮ total amount of exemption for dependents	

⑯ casualty losses	cause of casualty	date of casualty	details of casualty	
	amount of losses	amount reimbursed by insurance	amount of expenses related to casualty	
⑰ medical expenses	amount of medical expenses paid		amount reimbursed by insurance	
⑱ donation	name and address of donee		amount of donation other than above	

o Special provisions applied
