To be filled out by parent/guardian	
Child's name	
Date of birth	(YYYY/MM/DD)
Enrolled facility	

Note: If you are applying for (or have enrolled) more than one child, please write the name of the youngest child.

If you did not submit a taxation certificate, you must submit this form **even if you had no income.**

Annual Income Declaration Form

Date: (YYYY/MM/DD)

To the Mayor of Musashino City

Address _____

_____

Parent/guardian name _____

I declare my annual income for fiscal 20__ (from January to December) as follows:

☐ **I had no income from employment, etc. → Choose one of the reasons below.**

☐ I was a dependent	Provider name ( ) Relationship ( )
☐ Livelihood maintained by other means	Specify ( )

☐ **I had income from employment, etc. (salary or business income) → Fill in fields 1) to 3).**

1) List your source of income (if you had multiple sources of income, list them all)

Employer or type of business	Payment period
	____ (month) to ____ (month)
	____ (month) to ____ (month)

2) Enter your income (gross pay) and expense amounts

For salary income

Note: For payment in foreign currencies, please convert the amount to yen according to the conversion rate at the time of payment.

January	yen	May	yen	September	yen	Total annual bonuses	yen
February	yen	June	yen	October	yen	Other	yen
March	yen	July	yen	November	yen	Total income amount	yen
April	yen	August	yen	December	yen		

For business income Note: Enter the income and expense amounts.

January	yen	May	yen	September	yen	Total annal bonuses/other	yen
February	yen	June	yen	October	yen	① Total income amount	yen
March	yen	July	yen	November	yen	② Necessary expenses	yen
April	yen	August	yen	December	yen	①-② Total income after expenses	yen

3) Enter the amount of your income deduction for resident tax.

Deductions	Casualty loss	yen	Spousal deduction	yen
	Medical expenses paid	yen	Special spousal deduction	yen
			Number of dependent family members (including spouse)	people
	Social insurance premiums paid	yen		Name: (Date of birth)
	Life insurance premiums paid	New yen		Name: (Date of birth)
		Old yen		
	Earthquake insurance premiums paid	yen	Disability deduction (self)	Disability certificate grade (degree):
	Widow(er) deduction	Deceased/divorced/missing person	Disability deduction (other than self)	Name: Disability certificate grade (degree):