

Declaration of Income Related to Residency Overseas

(Addressed to) Mayor of Kyoto City

Date of preparation: _____

Name of preparer _____

I declare the income below as follows.

Enter your place of work or study. If it is impossible, describe the type of work, etc.
Ex.: Purchasing, language training, dance lesson, etc.

Taro Hoiku			Relationship with the child	Father
May 5, 1980	Purpose of stay	For work	Enter the currency correctly.	
United States	Period of residency	October 1, 2023	October 30, 2023	
XX Trading New York Branch				
description of job	Period subject to income		Currency	US dollar

○Employment income (monthly amount)

For overseas income, enter the amount in the above-mentioned currency (in units of one).

Enter your monthly employment income (gross amount). For bonuses (if you had any), enter the total amount.

	Japan	Overseas		Overseas		Japan	Overseas
		2,500	May		2,500	Sep.	
		2,500	June		2,500	Oct.	280,000
		2,500	July		2,500	Nov.	280,000
		2,500	Aug.		2,500	Dec.	280,000
Bonus and other special salaries, etc.	Japan			560,000	Overseas		

For Japan income, enter in units of one yen.

○Other earnings (annual amount)

	Japan	Overseas		Japan	Overseas
Interest income			Income		
Dividend income			Gains		
Real estate income			Income		
Business income			Miscellaneous income		
Retirement income			Other		

Enter the annual amount of other income, if there is any.

○Items deducted from income (See the backside for details)

Other than personal deductions		Personal deductions	
<input type="checkbox"/> Casualty loss	<input type="checkbox"/> Premium for small-scale enterprise mutual aid system, etc.	<input checked="" type="checkbox"/> Basic	
<input type="checkbox"/> Medical expenses	<input type="checkbox"/> Life insurance premium	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Social insurance premium	<input type="checkbox"/> Earthquake insurance premium	<input type="checkbox"/> Widower/widow	<input type="checkbox"/> Dependent relative
		<input type="checkbox"/> Working student	

Check the expenses eligible for income deduction, and enter the necessary matters on the backside.

- * This declaration statement will serve as important material to determine the amount of the user charge. You are therefore requested to fill in all applicable parts if you do not have any other certifying document.
- * Even if your period of residing overseas is not from January to December, please declare, as much as possible, all your income from January to December, including income in Japan.
- * If you make a false statement, you may not be able to use the childcare facility/service provider, or you may be requested by Kyoto City to return all or a part of the expenses required for childcare.

Child's name (multiple names acceptable)		Name of facility/service provider	
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Please be sure to fill.

Details of income deductions

<Items deducted from income other than personal deduction>

Check the items for income deduction you have checked on the front side, and enter the amount you actually paid.

Item	Amount paid	Item	Amount paid
<input type="checkbox"/> Casualty loss		<input type="checkbox"/> Life insurance premium (Contracts concluded on Jan. 1, 2012 or later)	
<input type="checkbox"/> Medical expenses		<input type="checkbox"/> Life insurance premium (Contracts concluded on Dec. 31, 2011 or earlier)	
<input checked="" type="checkbox"/> Social insurance premium	41,199	<input type="checkbox"/> Earthquake insurance premium	
<input type="checkbox"/> Premium for small-scale enterprise mutual aid system, etc.			

<Personal deduction items>

Relevant person	Dependent	
<input checked="" type="checkbox"/> Basic deduction <input type="checkbox"/> Disabled <input type="checkbox"/> Widow (with income over 5 million yen) <input type="checkbox"/> Widower/widow (with income 5 million yen or less) <input type="checkbox"/> Working student	<input type="checkbox"/> Disabled <input type="checkbox"/> Spouse <input type="checkbox"/> Aged spouse <input type="checkbox"/> Spouse eligible for special deduction <input type="checkbox"/> Dependent relative <input type="checkbox"/> Special dependent relative <input type="checkbox"/> Aged dependent relative <input type="checkbox"/> Aged parent or other dependent relative living in the same household	(person(s)) Total income (yen) (person(s)) (person(s)) (person(s)) (person(s))

Check the applicable items regarding the income deduction items you have checked on the front side.

Check the applicable items regarding the income deduction items you have checked on the front side, and enter the number of persons.