

To _____ Tax Office

Submission Date

Reiwa Y. M. D.

Reiwa

0

Year's

Tax Form (Personal Income Tax), Type B

Address (or Office)	〒 - Individual No.		Birth Date		
	Pronounce		Seal		
	Name				
Address on 1/1	Occupation		Shop Name	Head of household's Name	Relation
Phone No.					

Gross Income	Business	Business Income	ア		Calculation of Tax	Taxable Net Income (12. - 29.) or Form No.3	30	0
		Agricultural Income	イ			Tax for 30. or 90. of Form No.3	31	
		Rent Income of Real Estate	ウ			Deduction for Dividend	32	
		Interest Income	エ			No.	33	
		Dividends	オ			Tax Credit of Housing Loan No.	34	
		Salary (Gross)	カ	No.		Donation for Political Party	35~37	
	Others	Pension	キ			Renovation Cost for Earthquake No.	38~40	
		Outsourcing	ク	No.		Balance (31. - from 32. to 40.)	41	
		Other Income	ケ			Tax Credit for some disaster	42	
	Selling	Selling Goods/Vehicles (Within 5 years)	コ			Balance (41 - 42)	43	
Selling Goods/Vehicles (Over 5 years)		サ		Special Income Tax (43. × 2.1%)	44			
	Temporary Income	シ		Income Tax and Special Income Tax	45			
Net Income	Business	Business Income	1		Other Information	Foreign Tax Credit No.	46~47	
		Agricultural Income	2			Withheld Income Tax	48	
		Rent Income of Real Estate	3			Annual Income Tax (45. - from 46. to 48.)	49	
		Interest Income	4			Prepaid Tax	50	
		Dividends	5			Tax Payable (49. - 50.)	51	
		Salary (Net)	6	No.		Need to Pay	52	△
	Others	Pension	7			To be Refunded	52	
		Outsourcing	8	No.		Total Income Except for Pension	53	
		Other Income	9			Total Income of your Spouse	54	
		Total of 7. ~9.	10			Salary for your families who help your business	55	
	Selling and Temporary	11		Special Deduction for BLUE TYPE	56			
	Total Net Income	12	0	Withheld Income Tax from Temporary/Other type Income	57			
Deduction		Social Insurance / Pension	13		Unpaid Withheld Income Tax	58		
		Cost of Small Business Mutual Aid	14		Carry-Over Loss	59		
		Life Insurance	15		Income for Average Taxation	60		
		Earthquake Insurance	16		Fluctuating Income No.	61		
		Widow or Single Parent	17,18	No.	First Payment by the Deadline	62		
		Working Student or Person with Disabilities	19,20		Second Payment	63		
		For Spouse	21,22	No. No.	Bank Account for Tax Refund	Bank Name	Branch Name	
		For Dependent Families	23			Postal Bank	Type	saving checking for tax deposit
		Basic Deduction	24	480,000		Account No.		
		Total of 13. ~24.	25	480,000				
	For Some Disaster	26						
	Medical Expenses	27	No.					
	Donation	28						
	Total (25. + 26. + 27. + 28.)	29	480,000					

Signature and phone of
Tax Accountant

- -

Seal

Type of Attorney Letter	
No.30	No.33-2
<input type="radio"/>	<input type="radio"/>

Note; This form is NOT official translated version.

When you submit your Tax Filing documents, please use Official Forms written in Japanese.