Fiscal 2025 Municipal Resident's Tax/Metropolitan Resident's Tax Return Form
（Income and Deduction from January 1 to December 31, 2024）

Tokyo ___ Ward Mayor to ___ Submission date: year/month/day ___ / ___ / ___

		Phone Number	Home・Workplace・Mobile (circle one)
Address as of January 1			
Current Address		Occupation	
Name		Name Please sign.	
Individual Number	※Please fill in the blanks.	Head of Household	Relationship
Date of Birth	year/month/day / /	Reference Number	

本 人 確 認
（区 処 理 欄）
1点 番号カード・免許証・保険証・年金手帳・旅券・障害者手帳・在留カード・他（
2点 学生証・公共料金領収証・戸籍謄本・整理番号印字の申告書・他（
3点 通帳・キャッシュカード・クレジットカード・シルバーパス・他（

番 号 確 認（区 処 理 欄）　番号カード・住民票の写し・通知カード

1 Amount of Revenue and Necessary Expenses

		Income Amount	Necessary Expense
Miscellaneous Income	Employment Income	ⓐ yen	Specific Expense yen
	Public Pension etc.	ⓑ yen	※ Please do not include the survivor's pension, disability pension or welfare pension. Enter these in (3) of 6 on the reverse side.
	Miscellaneous business	yen	yen
	Other	yen	yen
Business income, etc.		yen	yen
Real estate income		yen	yen
Dividend income		yen	yen
Capital gains (Short-term・Long-term)・Occasional income (Circle one)		yen	yen / Special deduction. yen
Agriculture・Interest (Circle one)		yen	yen

※ If you have miscellaneous income (business and/or other), business income or real estate income, please fill out 9 on the reverse side.
※ If you have divident income, please fill in section 10.

※ If you have any other types of income, including Timber, Retirement, Separated Capital gains (Short-term・Long-term), Stock Transfer (Listed・Outside) and Futures・Transactions, please fill in the back.

2 No Income

Check ☑ in the box. → [ ] Please fill in section 6. Also, if applicable, fill in the three parts of section 3 "Spouse," "Dependent Relatives," and "Deduction for yourself."

3 Deductions and Exemptions

Deduction for Casualty Losses (attach certificate)	Amount of Loss yen	Amount reinbursed by insurance yen	Expenses related to disaster yen
Deduction for Medical Expenses (attach detailed statements) ※ Receipts will not be accepted.	Amount of Medical Expenses Paid (A) yen	Amount reinbursed by insurance (B) yen	Net (A—B) yen
Exception	If you wish to choose the "Self-Medication Tax Deduction System," check the box at right. [ ]		
Deduction fo Social Insurance Premiums	National Health Insurance yen	Older Senior Citizen Health Insurance yen	National Pension (attach certificate) yen
	Long-Term Care Insurance yen	Social Insurance Premium as written on Tax Withholding Record yen	(yen
Deduction for Small Enterprise Mutual Aid Plan Premiums (attach certificate)	yen		
Deduction for Life Insurance Premiums (attach certificate)	New Life Insurance Premium yen	Old Insurance Premium (Certificate unnecess yen	Medical Care Insurance Premium
	New Personal Pension Premium yen	Former Personal Pension Premium yen	
Deduction for Earthquake Insurance Premiums (attach certificate)	Earthquake Insurance Premium yen	Former Long-term Casualty Insurance Prem yen	

Spouse
Deduction for Spouse
Special Deduction for Spouse
Spouse in Taxpayer's Household

Name		Date of Birth year/month/day . .
Individual Number		Exemption for Disabled Person ular・Other（Physical・Mental・Intellectual・Other Class (De

Existence of Income No・Yes (fill in below)
Living separately / Living separately abroad　※Fill in section 7.

Employment Income yen	Pension Income yen	Other Income yen

Dependent Relatives (Other than Spouse)

Name	Relationship	Date of Birth	Check if under age 16	Individual Number	Exemption for Disabled Person	Living separ	Living separately
		y/m/d . .	[ ]		(Physical-Mental-Intellectual-Other Class(Degree))	[ ]	[ ]
		y/m/d . .	[ ]		(Physical-Mental-Intellectual-Other Class(Degree))	[ ]	[ ]
		y/m/d . .	[ ]		(Physical-Mental-Intellectual-Other Class(Degree))	[ ]	[ ]
		y/m/d . .	[ ]		(Physical-Mental-Intellectual-Other Class(Degree))	[ ]	[ ]

Check the applicable box ※Fill in section 7.

Deduction for yourself

Deduction for a Widow
Deduction for a Single Parent
(Only one may be applied)　widow　・ Single Parent

Reason （ Bereavement ・ Divorce ・ Unknown ・ Missing)
Date of occurrence y/m/d ___ / ___ / ___

Exemption for Disabled Person　Particular・Other （Phycical・Mental・Intellectual・Other　Class (Degree)

Exemption for Working Students (attachi certificate)　Name of School ___ Grade ___

区処理欄につき、これより下側には記入しないでください。

控配	老配	扶養親族			2 3 歳未満	居住開始年月日
		特定	老人	一般		平・令 年 月 日
		内	内	内		取得区分

扶養障害		本人障害		寡婦	ひとり	勤	医特
特別	他	特	他		り		
内							

4 Contributions or Donations

To Prefectures or Municipalities (Hometown Tax (subject to the exceptional deduction)・Disaster Relief Fund)	(attach certificate)	円
To Prefectural Community Chest・Affiliate of Japanese Red Cross・Prefectures or Municipalities (non-deductible)	(attach certificate)	円
To organizatons designated by ordinance	Tokyo Metropolis	(attach certificate) 円
	City of Setagaya	(attach certificate) 円

5 Payment method for special ward resident's tax and metropolitan resident's tax on income other than salaries, public pensions, etc.

Deductions from salary and pension (Special collection) [ ]　・　Pay by yourself (Ordinary collection) [ ]

所 得 金 額 （円）

区処理欄につき、これより右側には記載しないでください。

給与	
年金	
業務①	
その他②	
営業③	
不動産④	
配当⑤	
譲・一⑥	
農・利	
所得合計	
コード合計欄	

控 除 金 額 （円）

雑損	
医療⑦	
社保⑧	
小規⑨	
生保	
地保	
配偶者の所得	
配特	
控除合計	

扶・障 調 整	
給・年 調 整	
公年以外 合計所得	
基礎 控除	

6 For Persons without Income

Fill in all aapplicable sections even if you did not have any income, because this information is necessary for calculating or qualification for National Health Insurance, Long-Term Care Insurance, the Medical Care System for Older Senior Citizens, National Pension, childrearing allowances and nursing-related grants, as well as for issuing tax exemption certificates.

① Provided support and/or assistance from below:

Address _____ Phone Number _____

Name _____ Relationship _____

② Receiving benefits from Unemployment Insurance, Workers Cor From (year/month/day) ___ . ___ to ___ . ___

③ Receiving pension (circle one) Survivor's Pension · Disability Pension · Welfare Pension

④ Receiving livelihood assistance based on the Public Assistance Ac From(year/month/day) ___ / ___ / ___ to ___ / ___ / ___ (present)

⑤ Other (e.g., by deposits and savings.)

7 Dependents Spouse · Relatives Living Separately

Please fill in the two parts of section 3 entitled "Spouse" and "Dependent Relatives." If you have dependent family members living abroad, you also need to submit a family member certificate and a certificate of bank transfer.

Name	Address	Name	Address

8 Payment Slips

If you do not have a tax withholding record, please fill in the following:

Month	Income Amount	Social Insurance Premium					Place of Employment			
January	yen	yen	August	yen	yen		Company Name		Phone Number	
February	yen	yen	September	yen	yen		Address		Peiod of Employment	月～ 月
March	yen	yen	October	yen	yen		Company Name		Phone Number	
April	yen	yen	November	yen	yen		Address		Peiod of Employment	月～ 月
May	yen	yen	December	yen	yen		Company Name		Phone Number	
June	yen	yen	Summer Bonus	yen	yen		Address		Peiod of Employment	月～ 月
July	yen	yen	Winter Bonus	yen	yen					
			Total	yen	yen					

9 Miscellaneous Income, Business Income, Real Estate Income, etc.

If you are a home contract worker, expenditures up to 550,000 yen can be approved. Excluded when there is a salary.

Total Income	Items		Necessary Expenses	Place where Income Occurs			
	Sales	yen		Cost of Sales	yen	Land · Rent	円
	( )	yen		Taxes and Dues	yen	Casualty Insurance Premiums	円
	( )	yen		Utility Expenses	yen	Deductions for family employee	円
	( )	yen		Repair Costs	yen	( )	円
	Total Income（A）	yen		Depreciation Cost	yen	Total Expenses (B)	円
				Wages and Salaries	yen		
				Amount of Income （A）ー（B）			円

※If you have included an entry under deduction for family employee, please also fill in the information below.

Name of Deduction for Family employee	Relationship	Date of Birth	Individual Number	
		y/m/d　/　/		

※For dividend and stock transfer income of listed stocks (10 and 11), you can't choose a different taxation method from the one used in your final income tax return.

10 Dividend Income

Please attach a duplicate copy of the detailed statements even if you plan to or have filed your final income tax return. If the information does not fit in the space below, please use the optional form to record the information necessary and attach it to this form.

No.	Name of the Company or Product	Category (Circle one)	Incom	Necessary Expenses	Amount of Taxes Withheld	Allocated Dividends	Payment Date
①		Listed · Common · Investment Trust	yen	yen	yen	yen	/
②		Listed · Common · Investment Trust	yen	yen	yen	yen	/
③		Listed · Common · Investment Trust	yen	yen	yen	yen	/

11 Stock transfer (Listed · Outside), Futures Transactions

Please attach a duplicate copy of the detailed statements even if you plan to or have filed your final income tax return. If the information does not fit in the space below, please use the optional form to record the information necessary and attach it to this form.

No.	Name of Company or Product	Category (Circle one)	Income	Necessary Expenses	Amount of Taxes Withheld	Amount of Deduction for Income Allocation from Transfer of
①		Listed · Common · Investment Trust	yen	yen	yen	yen
②		Listed · Common · Investment Trust	yen	yen	yen	yen
②		Listed · Common · Investment Trust	yen	yne	yen	yen

Name Adress Account

12 Timber Income, Retirement Income, Capital gains (separate taxation)

Classification		Place where Income Occurs		
Income Amount	Necessary Expenses	Amount of Special Deduction	Special Case Provision Applied	
	Special Deducton for Blue Return		Amount of Income	
yen	yen	yen	yen	

14 Matters Regarding Business Tax

Exempt Income etc.	yen		Type of Assets	
Income from Real Estate before Applying Exception of Profit and Loss Aggregation		Assets	Amount of Loss on Transfer	yen
Entry and Exit of Business during the Previous Year	Date Entry·Exit		Amount of Disaster-Related	yen
Address of Office, etc.				

13 Living outside of Setagaya but have Office, workplace and/or house and property in Setagaya

Office, workplace and/or house and property	Name		Phone Number	
	Location	Setagaya Ward		

15 Registered in Setagaya but living in a different location

Address	
Period	From (year/month/day) / / to / /
Purpose (when living abroad)	Work · Study · Other ( )