

|                 |  |
|-----------------|--|
| 【X】年度市民税県民税の申告書 | Municipal/Prefectural Tax Return Form for FYXXXX |
| 神戸市長宛           | To the Mayor of Kobe                             |
| __年__月__日 提出    | Submitted on: __(YYYY)__(MM)__(DD)               |

|     |                  |
|-----|------------------|
| 受付印 | Stamp of Receipt |
|-----|------------------|


**【X】年度 市民税 県民税 の申告書**

神戸市長宛

\_\_年\_\_月\_\_日提出

|     |        |    |      |    |   |    |    |      |    |    |    |
|-----|--------|----|------|----|---|----|----|------|----|----|----|
| 処理日 | 17     | 20 | 受付   | 21 | 区 | 22 | 23 | 整理番号 | 24 | 31 |    |
| J   | GS09AA | 一面 | カナ氏名 | 32 |   |    |    |      |    | 46 |    |
| F   | GS09-1 |    |      |    |   |    |    |      |    |    |    |
|     |        |    |      |    |   |    |    | 生    | 年  | 月  | 日  |
|     |        |    |      |    |   |    |    | 47   |    |    | 53 |

|     |  |
|-----|--|
| 代筆者 | Name of proxy  |
| 続柄  | Relationship to taxpayer: (If you are filling in this tax return for someone else because they cannot do it themselves, write your name and relationship to them.) |

(代筆者・続柄)

|   |                                  |
|---|----------------------------------|
| 現住所   | フリガナ                             |
|   | 氏名                               |
| <input type="checkbox"/> 〇〇年1月1日の住所 <input type="checkbox"/> 同上 | 職業<br>屋号・雅号<br>世帯主の氏名<br>世帯主との続柄 |
| 給与の支払者等<br>(電話番号) ( ) - -                                       | 生年月日<br>電話番号<br>自宅 - -<br>携帯 - - |
| 個人番号<br>(マイナンバー)  | 〇〇年1月1日に、神戸市に住民票のない方のみ、ご記入ください。  |

番号確認  済  未  
本人確認  済  未

|             |  |
|-------------|--|
| 現住所         | Current address  |
| 【X】年1月1日の住所 | Address as of January 1, XXXX (If same as current address, leave blank and mark check in box next to "Same as above".) |
| 同上          | Same as above (Mark check in box if address as of January 1, XXXX is the same as current address.)                     |

|                                  |  |
|----------------------------------|--|
| 給与の支払者等                          | Employer   |
| (電話番号)                           | Phone number of employer   |
| 個人番号 (マイナンバー)                    | Individual Number (My Number)                                      |
| 【X】年1月1日に、神戸市に住民票のない方のみ、ご記入ください。 | Required only if address as of January 1, XXXX is outside of Kobe. |

|        |                            |
|--------|----------------------------|
| 生年月日   | Date of birth (YYYY/MM/DD) |
| 電話番号   | Phone number               |
| 自宅 - - | Home                       |
| 携帯 - - | Mobile                     |

|         |                                     |
|---------|-------------------------------------|
| フリガナ    | Phonetic reading (name in katakana) |
| 氏名      | Name                                |
| 職業      | Occupation                          |
| 屋号・雅号   | Business name/pseudonym             |
| 世帯主の氏名  | Name of householder                 |
| 世帯主との続柄 | Relationship to householder         |

## 申告書記載内容

|   |
|---|
| 1 【X-1】年中の収入金額  |
| 収入金額・必要経費   |
| 事業  |
| ①営業等  |
| ②農業   |
| ③不動産  |
| ④利子   |
| ⑤配当   |
| ⑥給与   |
| 雑   |
| ⑦公的年金等  |
| ⑧その他  |
| 譲渡  |
| ⑨短期   |
| ⑩長期   |
| ⑪一時   |
| 給与所得・年金所得のいずれもある場合又は給与収入が850万円超の場合で条件に該当する方は☑してください。※詳細は別紙「【X】年度の市民税・県民税（住民税）の計算方法と森林環境税」を確認してください。 |
| 所得金額調整控除を適用   |

※控除の内容は裏面に記入してください。

|   |
|---|
| 2 納付方法  |
| 給与収入がある方で、給与収入以外の収入に係る市民税・県民税の納付方法について、希望するほうに☑してください。  |
| 1. 給与から引落し（特別徴収）  |
| 2. 自分で納める（普通徴収）   |
| ※ただし、65歳以上の方は、公的年金等に係る市民税・県民税を公的年金等からの引落しによって取めていただきます。 |

|  |
|--|
| 給与所得の源泉徴収票のない方は以下の「3 給与の明細」に記入してください。  |
| 3 給与の明細                                |
| 月別                                     |
| 月給                                     |
| 円                                      |
| 1月・2月・3月・4月・5月・6月・7月・8月・9月・10月・11月・12月 |
| 賞与（ボーナス）等                              |
| 合計                                     |

|  |
|--|
| 4 収入がなかった方                               |
| 上記収入なし                                   |
| 左に☑された方は、下記の1～4の項目にも☑してください。             |
| 1 仕送り又は扶養されていた。                          |
| 仕送り又は扶養していた人の（氏名）_____（住所）_____（続柄）_____ |
| 2 遺族年金、傷病手当、障害年金等を受給していた。                |
| 3 雇用保険を受給していた。（受給期間）                     |
| 4 貯蓄 生活保護 児童扶養手当 その他（ ）                  |

## 英語訳

|   |
|---|
| 1. Annual income (January to December of. 【X-1】)  |
| Income/Necessary expenses   |
| Business income   |
| ① Sales and other operations  |
| ② Agriculture   |
| ③ Real estate income  |
| ④ Interest income   |
| ⑤ Dividend income   |
| ⑥ Employment income (Salaries, wages, bonuses, etc.)  |
| Miscellaneous income  |
| ⑦ Pensions  |
| ⑧ Other   |
| Capital gains   |
| ⑨ Short-term  |
| ⑩ Long-term   |
| ⑪ Occasional  |
| Mark check in box if salaries or wages exceed 8,500,000 yen and you meet the conditions specified in "How to Calculate Municipal/Prefectural (Resident) Tax and Forest Environmental Tax of Fiscal Year 【X】". (separate document) |
| Income adjustment deduction applicable  |

\*Fill out deductions and credits on the back of this page.

|   |
|---|
| 2. Method of tax payment  |
| If you are employed and also have income other than your salary/wages, select the method by which you wish to pay municipal/prefectural taxes imposed on this income. |
| 1. Have employer withhold from salary/wages (Special Collection)  |
| 2. Pay yourself using tax payment slips, etc. (Ordinary Collection)   |
| *If you are 65 years or older, municipal/prefectural taxes imposed on public pensions will be withheld from your public pension payments regardless of your choice.   |

|   |
|---|
| Please fill out section 3 (Detailed statement of salaries and wages) if you cannot provide a Withholding Tax Statement. |
| 3. Detailed statement of salaries and wages   |
| By month  |
| Monthly income  |
| Yen   |
| January, February, March, April, May, June, July, August, September, October, November, December                        |
| Bonuses, etc.   |
| Total   |

|  |
|--|
| 4. For individuals with no income  |
| No income to report in the above categories ①-⑪  |
| If you have marked a check in the box to the left, mark a check in all applicable boxes below.                       |
| 1. I was provided with allowances or taken care of as a dependent.   |
| Information on person(s) providing allowance or support: (Name) (Address) (Relationship)                             |
| 2. I was receiving bereaved family pension payments, accident and sickness benefits, disability pension, etc.        |
| 3. I was receiving unemployment insurance payments ((YYYY) (MM) (DD) - (YYYY) (MM) (DD))                             |
| 4. I was depending upon personal savings, social welfare payments, child-support payments, other (please specify: .) |

|                                   |
|-----------------------------------|
| 5 所得から差し引かれる金額                    |
| ⑫雑損控除                             |
| 損害金額                              |
| 補てんされる金額                          |
| うち災害関連支出金額                        |
| ⑬医療費控除                            |
| 支払った医療費又は対象のOTC医薬品購入費             |
| 補てんされる金額                          |
| セルフメディケーション税制を選択                  |
| ⑭社会保険料控除                          |
| 国民健康保険料                           |
| 後期高齢者医療保険料                        |
| 国民年金保険料                           |
| 介護保険料                             |
| 源泉徴収票記載社会保険料                      |
| ⑮小規模企業共済等掛金控除                     |
| 支払った掛金の合計額                        |
| ⑯生命保険料控除                          |
| 新生命保険料の合計                         |
| 旧生命保険料の合計                         |
| 新個人年金保険料の合計                       |
| 旧個人年金保険料の合計                       |
| 介護医療保険料の合計                        |
| ⑰地震保険料控除                          |
| 支払った保険料の合計                        |
| うち長期損害保険料                         |
| ⑱あなたが該当する事項を○で囲み、☑してください。         |
| 特別障害者                             |
| 普通障害者                             |
| 身体（ 級）                            |
| 精神（ 級）                            |
| 療育（ ）                             |
| 交付日                               |
| 有効期限                              |
| 認定（特・普）                           |
| 寡婦                                |
| 婚姻後の状態                            |
| 離別 ※扶養親族が有る人に限る                   |
| 死別                                |
| 生死不明                              |
| ひとり親 ※総所得金額等が48万円以下の生計同一の子が有る人に限る |
| 勤労学生                              |
| 学校名（ ）                            |
| 未成年者                              |
| 【Y】年1月3日以降生まれの人                   |

|   |
|---|
| 5. Amount of deductions to be made from income  |
| ⑫. Miscellaneous losses deduction   |
| Amount of losses  |
| Amount of compensation  |
| Amount of losses related to the occurrence of a natural disaster                                      |
| ⑬. Medical expenses deduction   |
| Amount paid for medical care and applicable OTC medications   |
| Amount of compensation  |
| I choose to apply for the self-medication taxation system   |
| ⑭. Social insurance deduction   |
| National health insurance payments  |
| Latter-stage elderly health insurance payments  |
| National pension insurance payments   |
| Nursing care insurance payments   |
| Social insurance payments listed on certificate(s) of income and withholding tax                      |
| ⑮. Small business mutual aid premium payment deduction  |
| Total amount of premium payments  |
| ⑯. Life insurance premium payment deduction   |
| Total amount of payments under new life insurance policy contracts                                    |
| Total amount of payments under old life insurance contracts   |
| Total amount of payments under new personal pension policy contracts                                  |
| Total amount of payments under old personal pension policy contracts                                  |
| Total amount of payments for nursing care insurance   |
| ⑰. Earthquake insurance premium payment deduction   |
| Total amount paid in insurance fees   |
| Amount of payments made for long-term damage insurance  |
| ⑱. Please mark a check for any of the following that apply to you.                                    |
| Individual with special disability  |
| Individual with regular disability  |
| Physical (Grade:..)   |
| Psychological (Grade:..)  |
| Mental (Grade:..)   |
| Certificate/handbook issued on: (YYYY) (MM) (DD)  |
| Certificate/handbook valid until: (YYYY) (MM) (DD)  |
| Type of certification (special or regular)  |
| Widow   |
| Postnuptial status  |
| Estranged (Mark a check only if you have dependent relatives)   |
| Bereaved  |
| Unknown if spouse is alive or dead  |
| Single parent (Mark a check only if you have dependent children whose incomes are under 480,000 yen.) |
| Working student   |
| (School: )  |
| Minor   |
| Born after January 3, 【Y】   |

|                                  |
|----------------------------------|
| ⑩控除対象配偶者（同一生計配偶者）                |
| フリガナ                             |
| 氏名                               |
| 生年月日<br>明・大・昭・平成・西暦（ . . . ）     |
| 個人番号・マイナンバー                      |
| 【X】年1月1日に、神戸市に住民票のない方のみ、ご記入ください。 |
| 障害者控除                            |
| 身体（ 級）                           |
| 精神（ 級）                           |
| 療育（ ）                            |
| 交付日（ . . . ）                     |
| 有効期限（ . . . ）                    |
| 認定（特・普）                          |
| 同居                               |
| 別居                               |
| 別居の場合（住所）                        |
| 住所                               |
| 給与収入額                            |
| 年金収入額                            |

|   |
|---|
| ⑩ Spouse covered by exemption. (Spouse who shares household finances) |
| Phonetic reading (name in katakana)                                   |
| Name  |
| Date of birth   |
| Individual Number (My Number)   |
| Required only if address as of January 1, XXXX was outside of Kobe.   |
| Exemption for persons with disabilities                               |
| Physical (Grade:..)   |
| Psychological (Grade:..)  |
| Mental (Grade:..)   |
| Certificate/handbook issued on: (YYYY) (MM) (DD)                      |
| Certificate/handbook valid until: (YYYY) (MM) (DD)                    |
| Type of certification (special or regular)                            |
| Living together   |
| Living separately   |
| Fill in only if living separately                                     |
| Address   |
| Income from salaries and wages  |
| Income from pensions  |

|                                   |
|-----------------------------------|
| ⑪扶養親族（配偶者以外）・生計同一の合計所得金額が48万円以下の人 |
| フリガナ                              |
| 氏名                                |
| 明・大・昭・平成・西暦（ . . . ）              |
| 続柄                                |
| 同居                                |
| 別居                                |
| 別居の場合（住所）                         |
| 住所                                |
| 個人番号・マイナンバー                       |
| 【X】年1月1日に、神戸市に住民票のない方のみ、ご記入ください。  |
| 障害者控除                             |
| 身体（ 級）                            |
| 精神（ 級）                            |
| 療育（ ）                             |
| 交付日（ . . . ）                      |
| 有効期限（ . . . ）                     |
| 認定（特・普）                           |

|   |
|---|
| ⑪ Dependent family members (excluding spouse) / Household members with total annual incomes under 480,000 yen |
| Phonetic reading (name in katakana)   |
| Name  |
| Date of birth   |
| Relationship to taxpayer  |
| Living together   |
| Living separately   |
| Fill in only if living separately   |
| Address   |
| Individual Number (My Number)   |
| Required only if address as of January 1, XXXX was outside of Kobe.   |
| Exemption for persons with disabilities   |
| Physical (Grade:..)   |
| Psychological (Grade:..)  |
| Mental (Grade:..)   |
| Certificate/handbook issued on: (YYYY) (MM) (DD)  |
| Certificate/handbook valid until: (YYYY) (MM) (DD)  |
| Type of certification (special or regular)  |

|  |
|--|
| 6 税額控除                                 |
| 住宅借入金等特別税額控除                           |
| 居住開始年月日（平・令 . . . ）                    |
| 住宅借入金等特別控除可能額                          |
| 配当割額控除                                 |
| 株式等譲渡所得割額控除                            |
| 寄附金税額控除                                |
| 都道府県・市町村又は特別区に対する寄附金<br>（ワンストップ特例分を含む） |
| 兵庫県共同募金会、日本赤十字社兵庫県支部に対する寄附金            |
| 条例指定分                                  |
| 神戸市                                    |
| 兵庫県                                    |

|  |
|--|
| 6 Tax credits  |
| Special credit for loans, etc. related to a dwelling   |
| Moved in on: (YYYY) (MM) (DD)  |
| Applicable limit   |
| Dividend credit  |
| Transfer of stocks credit  |
| Donation credit  |
| Donations made to prefectural government, local municipality, or specially designated municipality (including one-stop exception system) |
| Community Chest of Hyogo Prefecture, Japanese Red Cross Society Hyogo Branch   |
| Amount donated to organization(s) recognized by municipal or prefectural ordinance   |
| Kobe City  |
| Hyogo Prefecture   |

添付資料について

Explanation of additional documents to be submitted

給与の源泉徴収票や社会保険料の控除証明書等は、のりやテープ等で貼り付けずに市民税・県民税申告書と併せて提出してください。添付資料は、返送できませんので、必要な方はコピーを提出してください。

(添付資料がない場合もこの用紙を提出してください。)

★添付資料の詳細は別紙「【X】年度市民税・県民税（住民税）の申告の手引き（●ページ）」をご確認ください。

Please submit any supporting documents, such as employment income withholding records and deduction certificates for social insurance deduction, together with your tax return. Please refrain from using glue or adhesive tape. Supporting documents cannot be returned to you, so please send photocopies if you wish to keep the original documents.

(Please submit this page regardless of if there are any supporting documents to be submitted or not.)

★For more information about supporting documents, please refer to the Municipal/Prefectural Tax Return Manual for FY 【X】 (page ●)

市民税・県民税申告書と併せて提出したものに☑してください。

収入や必要経費がわかるもの  
例：源泉徴収票のコピー 又は 給与明細書のコピー 等

医療費控除の明細書（領収書では控除を適用できません）

社会保険料の控除証明書  
生命保険料の控除証明書  
地震保険料の控除証明書  
寄附金の受領書

障害者手帳のコピー 又は 障害者控除対象者認定書

学生証のコピー 又は 在学証明書

その他

Please mark a check in the boxes below to indicate which supporting documents you have submitted with your tax return.

Documents indicating your income and expenses  
e.g. Withholding Tax Statement, pay stubs, etc.

Medical Expenses Deduction Statement (Mandatory for medical expense deductions. Receipts are not accepted as a substitute)

Deduction Certificate for Social Security Premiums  
Deduction Certificate for Life Insurance Premiums  
Deduction Certificate for Earthquake Insurance Premiums  
Donation Receipts

Photocopy of Disability Certificate/Handbook or Certificate of Eligibility for Disability Tax Credit

Photocopy of student ID card or Proof of Enrollment document

Other

申告書の控えが必要な方は、下記に☑のうえ、宛先を記入し、切手を貼った返信用封筒を同封してください。  
※切手・返信用封筒がない場合、返送できません。

市民税・県民税申告書の控えの返送を希望します。

※ 添付書類は返送できません。  
必要な方は、コピーを提出してください。

If you require a copy of your tax return to be returned to you, please mark a check in the box below and submit a return envelope affixed with a postage stamp along with your tax return.

I request a copy of my tax return form be sent back to me.

**\*Attached/supporting documents cannot be returned to you, so please send photocopies if you wish to keep the original documents.**