

# Dependent Declaration for Income Tax Deduction

Submission  
Mandatory

- This application is necessary to compute the salary of this year
- This application submission is mandatory even if you don't have dependents to declare
- **Fail to submit will result in expensive taxes**

所轄税務署長等	給与の支払者の名称 (氏名)	株式会社 テクノ・サービス	Staffcode		Birthday	Y	M	D	Marital status	Married • Single
税務署長	給与の支払者の所在地 (住所)	東京都千代田区神田練堀町85番地 JEBL秋葉原スクエア	Your Name	Furigana	Head of Household (setainushi)					Relationship
市区町村長			Your Address							

## ① Only fill these fields if applicable

Handicap (yourself)	Single parent or widow with year income under ¥ 6,780,000	Working student (yourself)
<input checked="" type="checkbox"/> Physical ( level) issue date ( Y M D) 日) <input checked="" type="checkbox"/> Psychological ( level) issue date ( Y M D) 日) <input checked="" type="checkbox"/> Mental ( level) issue date ( Y M D) 日)	<input checked="" type="checkbox"/> Single parent (Male/Female) with dependent children: Reason - Not married, divorced or death <input checked="" type="checkbox"/> Single parent (Female only) with other dependents beside children: Reason <u>divorce</u> or death <input checked="" type="checkbox"/> Widow without dependents (Female only)	<input checked="" type="checkbox"/> This year income is expected to be less than ¥1,300,000 School name: ※Attach a copy of your student ID

## ② Only fill these fields if applicable for your family dependents

	Dependent name	Relationship	Estimated year income	Birthday	Residence	Address (only fill if live separate)	Overseas Dependents	Handicap	異動年月及理由
Dependent Spouse	Furigana	Spouse	Salary ¥ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Pension ¥ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Other income ¥ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] <input checked="" type="checkbox"/> No income	Y M D	<input checked="" type="checkbox"/> Live together <input checked="" type="checkbox"/> Separate (Japan) → <input checked="" type="checkbox"/> Live (Overseas)		<input checked="" type="checkbox"/> Physical ( level) issue date ( Y M D) <input checked="" type="checkbox"/> Psychological ( level) issue date ( Y M D) <input checked="" type="checkbox"/> Mental ( level) issue date ( Y M D)		
	Furigana		Salary ¥ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Pension ¥ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] <input checked="" type="checkbox"/> No income	Y M D	<input checked="" type="checkbox"/> Live together <input checked="" type="checkbox"/> Separate (Japan) → <input checked="" type="checkbox"/> Live (Overseas)	<input checked="" type="checkbox"/> Overseas student <input checked="" type="checkbox"/> I send over ¥380,000 a year	<input checked="" type="checkbox"/> Physical ( level) issue date ( Y M D) <input checked="" type="checkbox"/> Psychological ( level) issue date ( Y M D) <input checked="" type="checkbox"/> Mental ( level) issue date ( Y M D)		
Family dependents others	Furigana	Salary ¥ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Pension ¥ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] <input checked="" type="checkbox"/> No income	Y M D	<input checked="" type="checkbox"/> Live together <input checked="" type="checkbox"/> Separate (Japan) → <input checked="" type="checkbox"/> Live (Overseas)	<input checked="" type="checkbox"/> Overseas student <input checked="" type="checkbox"/> I send over ¥380,000 a year	<input checked="" type="checkbox"/> Physical ( level) issue date ( Y M D) <input checked="" type="checkbox"/> Psychological ( level) issue date ( Y M D) <input checked="" type="checkbox"/> Mental ( level) issue date ( Y M D)			
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同居する親族 配偶者以外の親族	Furigana	Salary ¥ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Pension ¥ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] <input checked="" type="checkbox"/> No income	Y M D	<input checked="" type="checkbox"/> Live together <input checked="" type="checkbox"/> Separate (Japan) → <input checked="" type="checkbox"/> Live (Overseas)	<input checked="" type="checkbox"/> Overseas student <input checked="" type="checkbox"/> I send over ¥380,000 a year	<input checked="" type="checkbox"/> Physical ( level) issue date ( Y M D) <input checked="" type="checkbox"/> Psychological ( level) issue date ( Y M D) <input checked="" type="checkbox"/> Mental ( level) issue date ( Y M D)			



## Filling Sample

CHECK OUT HOW TO FILL IT

[CLICK](#)



## Dependents Overseas

CHECK THE IMPORTANT POINTS HERE

[CLICK](#)



## Handicap Dependents

YOU NEED TO ATTACH DOCUMENTS AND FILL IN MORE FIELDS

[CLICK](#)