

DEPENDENT DECLARATION 2020

THE DECLARATION IS MANDATORY YEARLY.

**FAILURE TO SUBMIT WILL RESULT TO
A MORE EXPENSIVE INCOME TAX (SHOTOKUZEI)**

For those who will declare dependents abroad

The following documents are required, send both of them with the declaration.

- Document that proves relationship between the parties issued by your country (birth certificate, wedding certificate etc..)
- A Japanese translation of the same document.

【IMPORTANT】 Reiwa 2 (2020) Income Tax Deduction of Income Earners

Submission
Mandatory

Failure to submit will result in income tax being higher than usual.
Please fill up **【Required field】** even in the case of no dependents to declare.

This application is for income tax deductions such as exemption for dependents, spouses, and other special dependents.
This application is also necessary to be submitted for those who don't have spouses or dependent family applicable to income source exemption.
Even if you receive salary from two work places or more, this application can only be submitted to one of them.

Staff Code	
-------------------	--

【Required field】

District Director	Name of Employer	Techno Service Co., Ltd	Your Name	印	Date of Birth	Showa Heisei	Y	M	D	Marital Status	Married • Single
Tax Office Director	Address of Employer	Tokyo-to, Chiyoda-ku, Kanda-Neribeichō 85 Banchi JEBL Akihabara Square	Your Address							Head of Household	Relationship
Municipal Mayor											

① 【Fill this up only if applicable】 Only fill in when you are a "person with disabilities", "widower(male)", "special widow", or "working student".

Person with Disabilities (Yourself)		Widow or Special Widow (women only) Please check applicable one.		Widower	Working Student (Yourself)
<input type="checkbox"/> General Disability <input type="checkbox"/> Special Disability	level/degree Year/Month/Day <input type="checkbox"/> Physical (級) Date issued(Y M D) <input type="checkbox"/> Psychological (級) Date issued(Y M D) <input type="checkbox"/> Mental (級・度) Date issued(Y M D)	<input type="checkbox"/> Widow (annual income is 6,780,000 yen or less) <input type="checkbox"/> Widow or Divorced (dependents other than children) <input type="checkbox"/> Widow or Divorced (annual income is more than 6,780,000 yen with dependent children) <input type="checkbox"/> Widow or Divorced (annual income is 6,780,000 yen or less with dependent children/special widow.)	<input type="checkbox"/> Widower or Divorced (Annual income is 6,780,000 yen or less with dependent children)		<input type="checkbox"/> Expected income this year is less than 1,300,000 yen School Name () ※ Please attach a copy of your student ID.

② 【Fill this up only if applicable】 For those who have dependent family.

<Eligibility conditions for exemptions①> You will support/supported a family member's living expenses for 2020. ※Those under 16 years of age are not eligible but must be filled in.
 <Eligibility conditions for exemptions②> In case that your income in 2020 (excluding pension, unemployment insurance, maternity allowance) corresponds to the following ※Items left black will be seen as "no income".
 ● Spouse eligible to withholding tax deduction: [Salary income only=1,500,000 yen or less] [Old-age pension income only=65 years of age or older 2,500,000 yen or less/under 65 1,630,000 yen or less.] ※Applicable only when your own income this year is estimated to be 1,120,000 yen or less.
 ● Dependent Family (other than spouse): [Salary income only=1,003,000 yen or less] [Old-age pension income only=1,580,000 yen or less/ under 65: 1,008,000 yen or less.]
 <Eligibility conditions for exemptions③> Elderly Dependents: Born on or before Jan. 1, 1951 Special Dependents: Born between Jan. 2, 1998 and Jan. 1, 2002. (determined automatically from date of birth) Note 1: other income = business, miscellaneous income, dividends, real estate, resignation pay minus necessary business expenses

Classification	Name of Spouse	Relationship	Estimated Annual Income	Date of Birth	Residence	Address (Only for those living separately)	Person with Disabilities
Spouse Eligible for Income Source Exemption		Spouse	Salary (income) ¥ □.□□□.□□□□ Old-age Pension (income) ¥ □.□□□.□□□□ Other (income) ¥ □.□□□.□□□□ <input type="checkbox"/> No income	aisho Showa 大 昭 . . 平 Heisei	<input type="checkbox"/> living together <input type="checkbox"/> living separately (Japan) <input type="checkbox"/> living (overseas)		<input type="checkbox"/> General Disability <input type="checkbox"/> Special Disability <input type="checkbox"/> Physical (級) 交付 (年 月 日) <input type="checkbox"/> Psychological (級) 交付 (年 月 日) <input type="checkbox"/> Mental (級・度) 交付 (年 月 日)
To be deducted from primary salary Dependent Family (includes under 16 years of age)			Salary (万円) Old-age Pension (万円) <input type="checkbox"/> No income	aisho Showa 大 昭 . . 平 令 Heisei Reiwa	<input type="checkbox"/> living together <input type="checkbox"/> living separately (Japan) <input type="checkbox"/> living (overseas)		<input type="checkbox"/> General Disability <input type="checkbox"/> Special Disability <input type="checkbox"/> Physical (級) 交付 (年 月 日) <input type="checkbox"/> Psychological (級) 交付 (年 月 日) <input type="checkbox"/> Mental (級・度) 交付 (年 月 日)
			Salary (万円) Old-age Pension (万円) <input type="checkbox"/> No income	aisho Showa 大 昭 . . 平 令 Heisei Reiwa	<input type="checkbox"/> living together <input type="checkbox"/> living separately (Japan) <input type="checkbox"/> living (overseas)		<input type="checkbox"/> General Disability <input type="checkbox"/> Special Disability <input type="checkbox"/> Physical (級) 交付 (年 月 日) <input type="checkbox"/> Psychological (級) 交付 (年 月 日) <input type="checkbox"/> Mental (級・度) 交付 (年 月 日)
			Salary (万円) Old-age Pension (万円) <input type="checkbox"/> No income	aisho Showa 大 昭 . . 平 令 Heisei Reiwa	<input type="checkbox"/> living together <input type="checkbox"/> living separately (Japan) <input type="checkbox"/> living (overseas)		<input type="checkbox"/> General Disability <input type="checkbox"/> Special Disability <input type="checkbox"/> Physical (級) 交付 (年 月 日) <input type="checkbox"/> Psychological (級) 交付 (年 月 日) <input type="checkbox"/> Mental (級・度) 交付 (年 月 日)
			Salary (万円) Old-age Pension (万円) <input type="checkbox"/> No income	aisho Showa 大 昭 . . 平 令 Heisei Reiwa	<input type="checkbox"/> living together <input type="checkbox"/> living separately (Japan) <input type="checkbox"/> living (overseas)		<input type="checkbox"/> General Disability <input type="checkbox"/> Special Disability <input type="checkbox"/> Physical (級) 交付 (年 月 日) <input type="checkbox"/> Psychological (級) 交付 (年 月 日) <input type="checkbox"/> Mental (級・度) 交付 (年 月 日)
			Salary (万円) Old-age Pension (万円) <input type="checkbox"/> No income	aisho Showa 大 昭 . . 平 令 Heisei Reiwa	<input type="checkbox"/> living together <input type="checkbox"/> living separately (Japan) <input type="checkbox"/> living (overseas)		<input type="checkbox"/> General Disability <input type="checkbox"/> Special Disability <input type="checkbox"/> Physical (級) 交付 (年 月 日) <input type="checkbox"/> Psychological (級) 交付 (年 月 日) <input type="checkbox"/> Mental (級・度) 交付 (年 月 日)

Family Support for Single Parent	<input type="checkbox"/> If you are receiving assistance, check the box and fill in the information.	Aid Registration Number	Name of child receiving aid	Estimated total income of the child for year 2020	Aid Grant Date
----------------------------------	--	-------------------------	-----------------------------	---	----------------

©The "Dependent exemption for those under 16 years of age" and "Family support for single parent" based on local tax law article 45, it's necessary to fill in this application because it also serves as the Income Tax Deduction (Change) Application for Dependents of Income Earners that has to be submitted by the employer to the local prefecture.