Corporate (individual) To be filled in by the salary payer who received this applie			Y		ールドスミス nald Smith	Your date of birth Head of household	1973/1/1 Donald	de endents of ei i come earner i secondary :	regarding salary (天)	
	Direc Please fill in your information. Mayor of municipality (address)			You	number Postal code	000- 0000 0 Room000	Relationship with you) Dokayama, Meguro-ku, Tokyo	Marital Marital Married	Bingle	
Ý	Category or the like	fill in below if you have no spouse of (Pronunciation (furigana)) Name	Individual Relationship		Elderly dependent relatives (born on or before Jan. 1 1955) Specified dependent relatives (born between Jan. 2, 2002 and	ld or dependent relative Estimated income in 2024	s, and if you are not a disabled person, Non-resident relative Fact that he/she lives in the same household	widow, single parent or w Domicile or residence	Porking student. Date of char and reaso Fill in if any change occurr (The same shall apply her	on © © © © © red in 2024) 공민 고 국 왕 국
	Spouse qualified for A withholding deduction (Note 1)	マリースミス Mary Smith	with you 197	5 1 1	Jan. 1, 2006)) yer	(If applicable, please mark "O".)	1234 tsuba street,US		application is to b ry. application needs sehold or depende an if you receive a d "1. Notes on th d "1. Notes on th
im the primary salary	Dependent	ピータースミス Peter Smith	son 200	2 / 1 / 2	Elderly parent living together or the like Others Specified dependent relative Elderly parent living	0	16 years of age or older and under 30 years of age or 70 and abo 19 Studying abroad Disabled person Degrees Person Dogrees of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 and abo 10 years of age or older and under 30 years of age or 70 years of	1234 tsuba street,U		e submitted for ta: i to be submitted e ant relatives. salary from two sal e application" or e application
	relatives qualified for 2 deduction B (16 years of				Logether or the like Others Specified dependent relative Elderly parent living together or the like	yer	Studying abroad Studying abroad Studying abroad Payment of 380,000 yen or more Payment of 380,000 yen or more I fly years of age or older and under 30 years of age or 70 and abo Studying abroad	_		x deductions suc vyen if you have r lary payers or mc the like on the l
IMPORTANT quirements for qualifying non-resident pendents have been revised and will take effect					togener of the like Others Others Specified dependent relative Clderly parent living together or the like Others	yer	Disabled person f 390,000 yen or more f 30,000 yen or more f 50 years of age or older and under 30 years of age or 70 and abc Studying abroad Disabled person	we literation of the second se		h as dependency e no spouse qualified wre, this application ya ck side when d
I must verify that they receive remittances from you as					/					xemption and/or dec for withholding dedu can be submitted to escribing this decla
the following conditions: Under age 30 Age 70 or older Studying abroad Disabled					□ parent 500,000 yen (earned income) □ student • the state s					
Studying Disabled										g in
Studying Disabled The amo pendent verify the	unt of the rer eir dependen	mittances is JPY 380,0 cy status, you need to	·	eclaration of dependent	ts, etc. for employment income earn	er to be submitted to the mayo	of the municipality via the salary payer in accorda	nce with Article 45-3-2 and Article	e 317-3-2 of the Local Ta	ax Act.)
Studying Disabled The amo pendent verify the porting details, ional Ta	unt of the rer eir dependen documents. please see the x Agency:		o submit		Relationship with you Date of birth	er to be submitted to the mayo	New exempted dependent relation living in our	Fstimated income	e 317-3-2 of the Local Ta	4