

Fiscal 2024 Income Declaration for National Health Insurance Premiums

(year) (month) (day)
To: Mayor of Kanazawa City

Insurance card number

I declare the income of my household as follows:

Address			
Householder's name	TEL		
	Individual number		

◎Write the income of the following household members for the period from January 1 to December 31 of last year.

Name						
Date of birth						
Individual number						
Occupation or place of work						
Salary income	yen		yen		yen	
Pension income (Write the benefit from each pension.)	Old-age/Retirement pension	yen	Old-age/Retirement pension	yen	Old-age/Retirement pension	yen
	Surviving family pension	yen	Surviving family pension	yen	Surviving family pension	yen
	Disability pension	yen	Disability pension	yen	Disability pension	yen
	Other (*Pension name)	(*) yen	Other (*Pension name)	(*) yen	Other (*Pension name)	(*) yen
Business income	Business activities	yen	Business activities	yen	Business activities	yen
	①Gross income before deductions	yen	①Gross income before deductions	yen	①Gross income before deductions	yen
	②Business expenses	yen	②Business expenses	yen	②Business expenses	yen
	①-② Net income after deductions	yen	①-② Net income after deductions	yen	①-② Net income after deductions	yen
Other income	①() income	yen	①() income	yen	①() income	yen
	②Business expenses	yen	②Business expenses	yen	②Business expenses	yen
	①-② Net income after deductions	yen	①-② Net income after deductions	yen	①-② Net income after deductions	yen
No income (Select an option and circle the number (○).)	1. Dependent (Dependent on)		1. Dependent (Dependent on)		1. Dependent (Dependent on)	
	2. Lived on provided money Provided by ()		2. Lived on provided money Provided by ()		2. Lived on provided money Provided by ()	
	3. Employment insurance benefits received		3. Employment insurance benefits received		3. Employment insurance benefits received	
	4. Lived on savings		4. Lived on savings		4. Lived on savings	
	5. Unable to work due to illness		5. Unable to work due to illness		5. Unable to work due to illness	
	6. Student (Name of school:)		6. Student (Name of school:)		6. Student (Name of school:)	
	7. Other reason ()		7. Other reason ()		7. Other reason ()	
Reference number						

* For official use

処理欄	受付日	提出区分	窓口	受付者	内容点検	処理欄
			郵送			

番号確認	本人確認	代理権の確認
<input type="checkbox"/> 個人番号カード	<input type="checkbox"/> 個人番号カード	<input type="checkbox"/> 委任状
<input type="checkbox"/> 通知カード	<input type="checkbox"/> 運転免許証	<input type="checkbox"/> 登記事項証明書
<input type="checkbox"/> システム確認	<input type="checkbox"/> 保険証	<input type="checkbox"/> その他 ()
<input type="checkbox"/> その他 ()	<input type="checkbox"/> その他 ()	