|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | | |  | | 様方  様 | | | | | | | | | | | | | | | | | | | | | | | 年度分 | | | | | | | | | | 市民税 | | | | | | | | 申告書受付書 | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | | 受　付  日付印 | | | | | |  |
|  |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | | |  | | 道民税 | | | | | | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | | ↓（切り取らないでください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  |
|  |  | | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | | |  | | 年度 | | | | | | | | | | 市民税 | | | | | | | 申告書 | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 地区コード | | | | | | | | | | | | | | | | | | | | | 住民税番号 | | | | | | | | | | | | | | | | | |  |
|  |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | | |  | | 道民税 | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
|  |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | | | （宛先）札 幌 市 長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | | | 受　付  日付印 | | | | | | | | | | | | 個人番号 | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | 職業 | | | | | | | |  | | | | | | | | | | | |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| 現住所 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勤務先 | | | | | | | |  | | | | | | | | | | | |
| １月１日現在の住所 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 電話番号 | | 勤務先 | | | | | |  | | | | | | | | | | | |
| 自宅 | | | | | |  | | | | | | | | | | | |
| 提出年月日 | | | | | | | | | | | | フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | | | | | | | | | | 世帯主の氏名 | | | | | | | | | | | | | | 続柄 | | | | | |
| 年 | | | | 月 | | | | 日 | | | | 氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | | | |  | | | |  | | | |
| ３　所得から差し引かれる金額に関する事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
|  | |  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| 社会保険料控除 | | | | | | 社会保険の種類 | | | | | | | | | | | | | | | | | | | 支払った保険料 | | | | | | | | | | | | | | | | | | | |  | | １収入金額等 | | | 事　業 | | | | 営業等 | | | | | | | | | | | | | | | | ア | | 円 | | | | | | | | | | | | | |
|  | |
|  | |
| 国民健康保険等  ・後期高齢者医療保険等 | | | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | |  | | 農業 | | | | | | | | | | | | | | | | イ | |  | | | | | | | | | | | | | |
|  | |
|  | |
| 国民年金等 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | 不動産 | | | | | | | | | | | | | | | | | | | | ウ | |  | | | | | | | | | | | | | |
|  | |
|  | |
| 介護保険等 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | 利子 | | | | | | | | | | | | | | | | | | | | エ | |  | | | | | | | | | | | | | |
|  | |
|  | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | 配当 | | | | | | | | | | | | | | | | | | | | オ | |  | | | | | | | | | | | | | |
|  | |
|  | |
|  | | 給与 | | | | | | | | | | | | | | | | | | | | カ | |  | | | | | | | | | | | | | |
| 小規模企業共済等掛金控除 | | | | | | | | | | | | 第１種共済掛金，心身障害者扶養共済掛金及び確定拠出年金法に規定する企業型又は個人型年金掛金の合計額  円 | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | | |  | |
|  | |
|  | | 雑 | | | | 公的年金等 | | | | | | | | | | | | | | | | キ | |  | | | | | | | | | | | | | |
| 生命保険料控除 | | | | | | 新生命保険料の計 | | | | | | | | | | | | | | | | | | | 旧生命保険料の計 | | | | | | | | | | | | | | | | | | | |  | |
|  | |
|  | | 業務 | | | | | | | | | | | | | | | | ク | |  | | | | | | | | | | | | | |
| 円 | | | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | |  | |
|  | |
|  | | その他 | | | | | | | | | | | | | | | | ケ | |  | | | | | | | | | | | | | |
| 新個人年金保険料の計 | | | | | | | | | | | | | | | | | | | 旧個人年金保険料の計 | | | | | | | | | | | | | | | | | | | |  | |
|  | |
|  | | 総合譲渡 | | | | 短期 | | | | | | | | | | | | | | | | コ | |  | | | | | | | | | | | | | |
| 円 | | | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | |  | |
|  | |
|  | | 長期 | | | | | | | | | | | | | | | | サ | |  | | | | | | | | | | | | | |
| 介護医療保険料の計 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
|  | |
|  | | 一時 | | | | | | | | | | | | | | | | | | | | シ | |  | | | | | | | | | | | | | |
| 円 | | | | | | | | | | | | | | | | | | |  | |
|  | |
|  | | ２所得金額 | | | 事業 | | | | 営業等 | | | | | | | | | | | | | | | | ① | |  | | | | | | | | | | | | | |  |
| ⑯  地震保険料控除 | | | | | | 地震保険料の計 | | | | | | | | | | | | | | | | | | | 旧長期損害保険料の計 | | | | | | | | | | | | | | | | | | | |  | |  |
|  | |  |
|  | | 農業 | | | | | | | | | | | | | | | | ② | |  | | | | | | | | | | | | | |  |
| 円 | | | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | |  | |  |
|  | |  |
|  | | 不動産 | | | | | | | | | | | | | | | | | | | | ③ | |  | | | | | | | | | | | | | |  |
| ⑰〜⑲  本人のみ | | | | | | ⑰　寡婦控除（死別・離婚　　年　　月　　日）　⑱　ひとり親  ⑲　勤労学生控除（学校名　　　　　　　　　　　　　　　年在学） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  | |  |
|  | | 利子 | | | | | | | | | | | | | | | | | | | | ④ | |  | | | | | | | | | | | | | |  |
|  | |  |
|  | |  |
|  | | 配当 | | | | | | | | | | | | | | | | | | | | ⑤ | |  | | | | | | | | | | | | | |  |
| 障害者控除  (本人含む。) | | | | | | 氏名 | | | |  | | | | | | | | | | | | | | | | | | | 障害の程度 | | | | | | | | 級  度 | | | | | | | |  | |  |
|  | |  |
|  | | 給与 | | | | | | | | | | | | | | | | | | | | ⑥ | |  | | | | | | | | | | | | | |  |
| 氏名 | | | |  | | | | | | | | | | | | | | | | | | | 障害の程度 | | | | | | | | 級  度 | | | | | | | |  | |  |
|  | |  |
|  | | 雑 | | | | 公的年金等 | | | | | | | | | | | | | | | | ⑦ | |  | | | | | | | | | | | | | |  |
|  |  | | | 〜  配偶者控除・配偶者特別控除・同一生計配偶者 | | | | | | 個人番号 | | | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 同居  別居 | | | | 配偶者の所得 | | | | | | | |  | |  |
|  |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | 氏名 | | | |  | | | | | | | | | | | 生年月日 | | | |  | | | | | | | | 円 | | | | | | | |  | | 業務 | | | | | | | | | | | | | | | | ⑧ | |  | | | | | | | | | | | | | |  |
|  |  | |  |
|  |  | |  |
|  |  | | その他 | | | | | | | | | | | | | | | | ⑨ | |  | | | | | | | | | | | | | |  |
|  | 扶養控除（配偶者除く。） | | | | | | 個人番号 | | | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 同居  別居 | | | | 控除額 | | | | 万円 | | | |  | |  |
|  |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | 氏名 | | | |  | | | | | | | | | | | 生年月日 | | | |  | | | | | | | | 続柄 | | | |  | | | |  | | 合計  （⑦＋⑧＋⑨） | | | | | | | | | | | | | | | | ⑩ | |  | | | | | | | | | | | | | |  |
|  |  | |  |
|  |  | |  |
|  | 個人番号 | | | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 同居  別居 | | | | 控除額 | | | | 万円 | | | |  | |  |
|  |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 総合譲渡・一時 | | | | | | | | | | | | | | | | | | | | ⑪ | |  | | | | | | | | | | | | | |  |
|  | 氏名 | | | |  | | | | | | | | | | | 生年月日 | | | |  | | | | | | | | 続柄 | | | |  | | | |  | |  |
|  |  | |  |
|  |  | | 合計 | | | | | | | | | | | | | | | | | | | | ⑫ | |  | | | | | | | | | | | | | |  |
|  | 年少扶養親族  （16歳未満の扶養親族） | | | | | | 個人番号 | | | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 同居  別居 | | | |  | | | |  | | | |  | |  |
|  |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | 氏名 | | | |  | | | | | | | | | | | 生年月日 | | | |  | | | | | | | | 続柄 | | | |  | | | |  | |  |
|  |  | | ４　所得から差し引かれる金額 | | | 社会保険料控除 | | | | | | | | | | | | | | | | | | | | ⑬ | |  | | | | | | | | | | | | | |  |
|  |  | |  |
|  | 個人番号 | | | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 同居  別居 | | | |  | | | |  | | | |  | |  |
|  |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 小規模企業共済等掛金控除 | | | | | | | | | | | | | | | | | | | | ⑭ | |  | | | | | | | | | | | | | |  |
|  | 氏名 | | | |  | | | | | | | | | | | 生年月日 | | | |  | | | | | | | | 続柄 | | | |  | | | |  | |  |
|  |  | |  |
|  |  | | 生命保険料控除 | | | | | | | | | | | | | | | | | | | | ⑮ | |  | | | | | | | | | | | | | |  |
|  | 雑損控除 | | | | | | 損害金額等の詳細は裏面の項番「15」に記載 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  |
|  |  | | 地震保険料控除 | | | | | | | | | | | | | | | | | | | | ⑯ | |  | | | | | | | | | | | | | |  |
|  | 医療費控除 | | | | | | 支払った医療費等 | | | | | | | | | | | | | | | | | | | 保険金などで補塡される金額 | | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  |
|  |  | | 寡婦・ひとり親控除 | | | | | | | | | | | | | | | | | | | | ⑰〜⑱ | |  | | | | | | | | | | | | | |  |
|  | 円 | | | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  |
|  |  | | 勤労学生・障害者控除 | | | | | | | | | | | | | | | | | | | | ⑲〜⑳ | |  | | | | | | | | | | | | | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 配偶者（特別）控除 | | | | | | | | | | | | | | | | | | | | ㉑〜㉒ | |  | | | | | | | | | | | | | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 扶養控除 | | | | | | | | | | | | | | | | | | | | ㉓ | |  | | | | | | | | | | | | | |  |
|  | ５　給与所得以外の市民税・道民税の納税方法 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  |
|  |  | |  | | | | 給与から差引き（特別徴収） | | | | | | | | | | | | | | | | |  | | | | 自分で納付（普通徴収） | | | | | | | | | | | | | | | | | |  | | 基礎控除 | | | | | | | | | | | | | | | | | | | | ㉔ | |  | | | | | | | | | | | | | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | | ⑬から㉔までの計 | | | | | | | | | | | | | | | | | | | | ㉕ | |  | | | | | | | | | | | | | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 雑損控除 | | | | | | | | | | | | | | | | | | | | ㉖ | |  | | | | | | | | | | | | | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 医療費控除 | | | | | | | | | | | | | | | | 区分 | |  | | ㉗ | |  | | | | | | | | | | | | | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 合計  （＋＋） | | | | | | | | | | | | | | | | | | | | ㉘ | |  | | | | | | | | | | | | | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 札幌市税条例附則第５条の規定の適用を選択する場合には、  「医療費控除」欄の「区分」の□に「１」と記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | （付記事項） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  |
|  |  | |  | |  | | |  | | |  | | |  | | |  | | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | |  |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
|  | | 裏面にも記載する欄がありますので御注意ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ６　給与所得の内訳 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |
| 申告の際は、源泉徴収票・申告に必要な各種証明書も御持参ください。 | 期間 | | | | | 勤務先（所在地・電話番号） | | | | | | | | | | | | | | | | | 月平均収入額 | | | | | | | 賞与・手当等 | | | | | | | 期間合計額 | | | | | | | |  |  |
|  |  |
|  |  |
| 月～　　　月 | | | | |  | | | | | | | | | | | | | | | | | 円 | | | | | | | 円 | | | | | | | 円 | | | | | | | |  |  |
|  |  |
|  |  |
| 月～　　　月 | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  |  |
|  |  |
|  |  |
| 月～　　　月 | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | 合計 | | | | | | |  | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| ７　事業・不動産所得に関する事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |
| 所得の種類 | | | | | 所得の生ずる場所 | | | | | | | | | | | | | | | | | 収入金額 | | | | | | | 必要経費 | | | | | | | 青色申告特別控除額 | | | | | | | |  |  |
|  |  |
|  |  |
|  | | | | |  | | | | | | | | | | | | | | | | | 円 | | | | | | | 円 | | | | | | | 円 | | | | | | | |  |  |
|  |  |
|  |  |
|  | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
| ８　配当所得に関する事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |
| 配当所得の種類 | | | | | 所得の生ずる場所 | | | | | | | | | | | | | | | | | 支払確定年月 | | | | | | | 収入金額 | | | | | | | 必要経費 | | | | | | | |  |  |
|  |  |
|  |  |
|  | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | 円 | | | | | | | 円 | | | | | | | |  |  |
|  |  |
|  |  |
|  | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
| ９　雑所得（公的年金等を含む。）に関する事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |
| 種　　　　　　　　　目 | | | | | | | | | | | | | | | | 所得の生ずる場所  又は支払者 | | | | | | | | 収入金額 | | | | | | | | | 必要経費 | | | | | | | | | | |  |  |
|  |  |
|  |  |
| 公的年金 | | | | 厚生年金 | | | | | | | | | | | |  | | | | | | | | 円 | | | | | | | | |  | | | | | | | | | | |  |  |
|  |  |
|  |  |
| 国民年金 | | | | | | | | | | | |  | | | | | | | | |  |  |
|  |  |
|  |  |
| （　　　　　　　）基金・年金・恩給 | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  |  |
|  |  |
|  |  |
| （　　　　　　　）基金・年金・恩給 | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  |  |
|  |  |
|  |  |
| 業務 | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | 円 | | | | | | | | | | |  |  |
|  |  |
|  |  |
| その他 | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  | １０　総合譲渡・一時所得の所得金額に関する事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |
|  | 種　　　　目 | | | | | | | 収入金額 | | | | | | | | 必要経費 | | | | | | | 差引金額  （収入金額－必要経費） | | | | | | | 特別控除額 | | | | | | | 所得金額  （差引金額－特別控除額） | | | | | | | |  |  |
|  |  |  |
|  |  |  |
|  | 総合譲渡 | | | | 短期 | | | 円 | | | | | | | | 円 | | | | | | | 円 | | | | | | | 円 | | | | | | | イ | | | 円 | | | | |  |  |
|  |  |  |
|  |  |  |
|  | 長期 | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | ロ | | | | | | | |  |  |
|  |  |  |
|  |  |  |
|  | 一　　　　時 | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | ハ | | | | | | | |  |  |
|  |  |  |
|  |  |  |
|  | 右上のイの金額を表面のコに、ロの金額を表面のサに、ハの金額を表面のシに記入してください。  右のニの金額を表面の⑪の所得金額欄へ記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | 合計　イ＋｛（ロ＋ハ）×１/２｝ | | | | | | | | | | ニ | | | | | | | |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  | １１　事業専従者に関する事項 | | | | | | | | | | | | | | | | | | | |  | １２　別居の扶養親族等に関する事項 | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |
|  | 氏　　　名 | | | | | | 続柄 | | | 生年月日 | | | | | 従事月数 | | | 専従者給与  （控除）額 | | |  | 氏　　　名 | | | | 住　　　　　　　　所 | | | | | | | | | 国外居住 | | | | | | | | | |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | | | | | |  | | |  | | | | |  | | | 円 | | |  |  | | | |  | | | | | | | | | □配偶者　□30歳未満又は70歳以上  □留学　□障害者　□38万円以上の支払 | | | | | | | | | |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 個人番号 | | | |  |  |  |  |  |  |  |  | 所得税における  青色申告の承認 | | | | | 有・無 | | |  |  | | | |  | | | | | | | | | □配偶者　□30歳未満又は70歳以上  □留学　□障害者　□38万円以上の支払 | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  | １３　寄附金税額控除に関する事項 | | | | | | | | | | | | | | | | | | | | | | | | | |  | １４　事業税に関する事項 | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |
|  | 分　　　　類 | | | | | | | | 寄　　　　　附　　　　　先 | | | | | | | | | | | | | 寄 附 金 額 | | | | |  | 非課税所得・旧非課税所得など | | | | | | 円 | | | | | | | | | | |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 都道府県、市区町村分  （特例控除対象） | | | | | | | |  | | | | | | | | | | | | | 円 | | | | |  | 開廃業年月日 | | | | | | 年　月　日　開・廃 | | | | | | | | | | |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | | | | | | | | | | | | |  | | | | |  | 損益通算の特例適用前の  不動産所得 | | | | | | 円 | | | | | | | | | | |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 北海道共同募金会分、日本赤十字社北海道支部分、都道府県・市区町村分(特例控除対象以外) | | | | | | | |  | | | | | | | | | | | | |  | | | | |  | 事業所等所在地 | | | | | |  | | | | | | | | | | |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | | | | | | | | | | | | |  | | | | |  | 事業用資産の繰越損失など | | | | | | 資産の種類 | | | | | 損失額・被災損失額 | | | | | |  |  |
|  |  |  | | | | | 円 | | | | | |  |  |
|  |  |  |  |
|  | 北海道又は札幌市の条例指定分 | | | | | | | |  | | | | | | | | | | | | |  | | | | |  | 技術等海外取引の特別控除 | | | | | |  | | | | | | | | | | |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 条例指定 | | | | | 北 海 道 ・ 札 幌 市 | | | | | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  |  | | | | | | | | | | | | |  | | | | |  | １５　損失控除に関する事項 | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |
|  |  | 損害の原因 | | | | | | | | 損害金額 | | | | | | 円 | |  |  |  |
|  | 条例指定 | | | | | 北 海 道 ・ 札 幌 市 | | | | | | | |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | 損害年月日  　　　・　　・ | | | | | | | | 保険金等で補塡される金額 | | | | | | 円 | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | 損害を受けた資産の種類 | | | | | | | | 差引損失額のうち、災害関連支出の金額 | | | | | | 円 | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  | １６　所得金額調整控除に関する事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |
|  | フリガナ | | | |  | | | | | | 続柄 | |  | | | 生年  月日 | |  | | | | 特別障害者に  該当する場合 | | | 級  度 | | | | 別居の場合  の住所 | | |  | | | | | | | | | | | | |  |  |
|  |  |  |
|  | 氏名 | | | |  | | | | | |  |  |
|  |  |  |
|  |  |  |
|  | 個人番号 | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
| 備考　この様式により難いときは、この様式に準じた別の様式を使用することができる。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |