

How to fill in this report

This document describes how to fill in this report to verify your household's income status. You are requested to submit this report as your national health insurance (NHI) premium may be reduced if your income last year was below the standard level. Please submit your completed form to the ward office or branch office of your residence. The report is available only in Japanese. Please complete it either in Japanese or English.

令和7年度国民健康保険料に関する申告書（簡易申告書）

Income Report Form for National Health Insurance in FY2025

私の世帯について次の通り申告します。

太枠の中を、ご記入ください。

住所 (Address)	福岡市〇〇区〇	Fill in the details of the person reporting his/her income.
世帯主氏名 (Name of the head of household)	〇〇 〇〇〇	
電話番号 (Telephone no.)	〇〇〇—〇〇〇〇	

記号番号	
受付	入力

令和6年中の収入状況（令和6年1月1日から12月31日まで） Income earned between January 1 to December 31, 2024.

氏名 (Name)	〇〇 〇〇〇	
生年月日 (Date of birth)	〇〇〇〇年 月 日	
申告の有無	1. 住民税申告済 (月 日提出) 2. 確定申告済 (月 日提出)	
令和7年1月1日 時点の居住地 (Address as of January 1, 2025)	1. 福岡市 (Fukuoka City) 2. 福岡市以外 (Other than Fukuoka City) ()	
収入の種類	収入金額 (Gross income)	必要経費 (Expenses)
公的年金 (老齢、厚生、国民)		
遺族年金、障害年金		
給与収入		
個人年金		
その他 (〇〇)		
収入がない人 該当する番号を 〇で囲み、5. その 他に該当する場合 は、余白に詳しく 記入してください。	1. 扶養を受けていた 2. 送金を受けていた 3. 預貯金で生活していた 4. 留学生 5. その他 ()	

Declaration of Income: Have you filed your tax return for 2024? If so, please circle the relevant number and state when that happened.

1. I already filed my municipal tax return.

When:

2. I already filed my income tax return.

When:

Please circle the relevant number.

If you have selected "Other than Fukuoka City", write the name of the municipality of your residence in the brackets below.

If you have income from old-age pension, employees' pension or national pension, indicate the amount.

If you have income from bereaved family pension or disability pension, indicate the amount.

Indicate the amount of your income from salary before tax (including bonuses and allowances).

Indicate the amount of your private pension (gross income and expenses).

Indicate the amount of your income from sources other than those listed above. State in the brackets what the income is from and indicate the amount of earnings and expenses.

Please complete this section if you were without income last year.

1. Dependant 2. Received money from others

3. Led a life with savings 4. International student

Please circle the number relevant to your situation in the previous year.

If none of the above is applicable to you, please circle 5 and describe your situation in the brackets.

[Points to note]

○ Please submit this report as soon as possible.

If you submit your report late, the decision on the reduction of your national health insurance (NHI) premium or the payable amount of premium based on your income may be delayed.

○ Previous year's income of all members of your household belonging to the NHI scheme must be reported in order to get your NHI premium to be reduced. No need to submit a separate application for the NHI reduction.

○ This is not a declaration of the municipal tax return.

○ If the description is insufficient, the ward office may contact you. Please check if it is complete before submitting it.

If the description in this report changes due to subsequent declarations to the tax office, your premium may change.

[Inquiries]

Ward Office Multilingual Helpline: 092-753-6113

Lines open: 9:00-17:00 Monday to Friday excluding public holidays and between December 29 and January 3