# **Information on Year-End Adjustment**

Thank you very much for your hard work at our company<sub>o</sub>

I would like to quickly explain about the year-end adjustment. Salaries and bonuses are paid at the source of income tax each time they are paid. However, income tax is a tax that is levied on one year's income, so it is paid in December.

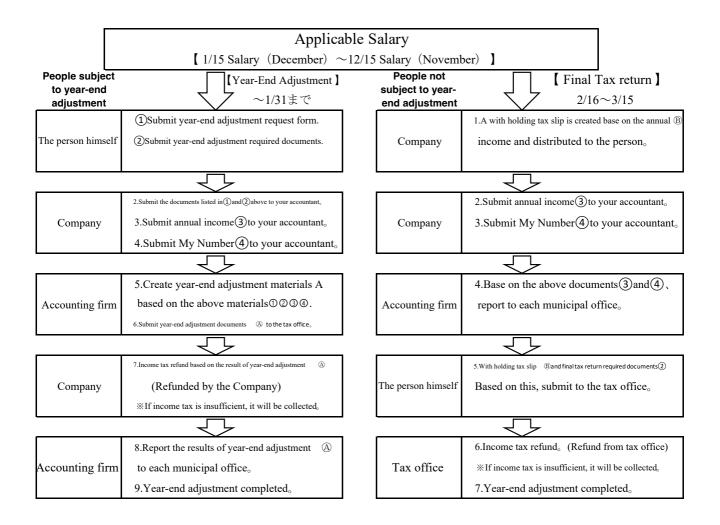
The exact amount of income for the year will be determined, after the last salary or bonus is paid, income tax amount and necessary to settle the final income tax amount , and this income tax settlement process is called "Year-End Adjustment"

At our company, the people eligible for the year-end adjustment are those who work through out the year and those who find a job ( change jobs ) mid-year and remain employed until the end of the year. Other people must file their tax return individully based on the with holding tax slip issued by the company. Those eligeble for the year-end adjustment should fill out the year-end adjustment request form on the back and attach the required documents. Then, please mail or have it delivered to the company. Please note that with holding tax slips will be issue early in the new year.

Submission Deadline	Strictly observed on This Year/12/15	
		TEL

SSC Co., Ltd Double One Co., Ltd. TEL 0276-60-5263 / FAX 0276-60-5264 Managing Director Hino

% If you are eligible, please fill out the form on the back and submit\_



**This Year Adjustment Request Form**  Stepler

\*Please staple it to the back of this paper without gluing it,

Place of Work	Emplovee №	Full Name	(Hiragana)	Man
	(Please write if you know)	i un rvanie		Woman

**X** Please Check The Following.

#### 1-Are you subject to year-end adjustment?

 $\square$  No  $% (No Need to fill in from here on_ )$  $\square$  Becomes (Please fill in the information below.)

	* Please submit only this document and declaration form 1.			*Please submit this document and declaration forms				
	Address	<b>〒</b> -		Date of Birth	Showa			
4	Audiess			Date of Birth	Hesei			
1		(Apartment Name)			Reiwa	Year	Month	Day

## 2-Do you have spouse?

🗆 No (No	need to fill in <sub><math>\circ</math></sub> )	$\Box$ Yes (Please fill in the following <sub>o</sub> )					
Spouse Name	(Hiragana)	Date of Birt	h <sup>She</sup>	iowa			
•			He	esei	37		D
			Re	eiwa	Year	Month	Day

2-2 If you have spouse, Do you want them as dependents?

🗆 Do Not  $\square$  Yes (Please fill in the following<sub>o</sub>)

2-3 If I make my spouse a dependent, Does we have any income? (NL £11 :.

$\Box$ None (No	need to fill in <sub>o</sub> ) $\Box$	Yes (Please fill in below <sub>o</sub> )	
Company Name	(Location)	Annual income	
		This Year	Yen

# Do you have any dependents other than your spouse? 3-

 $\square$ No (No Need to fill in<sub>o</sub>)  $\square$  Yes (Fill in the following<sub>o</sub>)

	Full Name		Date of I	Birth		Relationship	Living Together	Company Name	Annual Income
							(o <b>X</b> )	Company Name (If you have income)	This Year
	(Hiragana)	Showa							
1	-	Hesei	N	Manda	D				Var
		Reiwa	Year	Month	Day				Yen
	(Hiragana)	Showa							
2		Hesei							
		Reiwa	Year	Month	Day				Yen
	(Hiragana)	Showa							
3	-	Hesei							
		Reiwa	Year	Month	Day				Yen
	(Hiragana)	Showa							
4	-	Hesei							
		Reiwa	Year	Month	Day				Yen

#### 4-This Year Did you pay National Health Insurance and National Pension?

	D Not Paid	(No need to fill $in_{\circ}$ ) $\Box F$	aid (Please fill in t	id (Please fill in the information below and submit the "National Pension Deduction Certificate" $_{\circ}$				
	National Health Protection		National Pension					
	(Paid Amount)	Yen	(Certificate Amount)	Yen				
5-	This Ye	For those who joined midway through 2022 Year-E	y income ?					
	□ None	_ <u>&gt;</u>	es (Please submit	the previous company's "Employment income with hold	ling tax slip₀)			

6-

#### This Year Do you have a certificate of deduction for insurance payments,etc. for 2022 Year-End?

①Life Insurance premiums (2)Non-Life Insurance Premiu (3)Small Business Mutual aid Premiums (4)Housing acquisition deduction materials (5)National pension insurance premium

 $\Box$  Yes (Please submit the original of each deduction certificate<sub>o</sub>) □ None \*If you are acquired a house in the past year and are eligible for the housing acquisition deduction system, Please check the balance from your financial institution proof. Please attach the deduction certificate from the tax office. Please note that this year's housing it will be a final tax return, you will have to apply in person. For those who benefit, it is not a year-end adjustment. "Please be Careful"

### 7-Do any of the following deductions apply to you?

	5				
□Do Not □ Widow (Spot	use Died) 🗆 Widow (Deve	orced) 🛛 🗆 Working Studen	t	Qualified Person	
□Person with Disability (Himself)	□Person with Disability (Dependent	t) Please enter the applicable person	0		
					$\%$ Please attach a copy of your disability certificate_

[ Application]

	Office	Accountant