



"22 Amount due by term" column  
Fill out the payment column for each term. The amount due for each term is calculated in the following manner:  
Divide the estimated insurance premiums ("the amount in (a) of 14 column") by the number of times of payment mentioned in 17, and if any fractional sum of one yen or two yen is included in such amount, add such fraction to the amount for the first term and enter in "22 (a) the amount of estimated insurance premiums for the first term column," and enter the amount without a fraction (for the second term and third term (if the number of times of payment is two times, only for the second term)) in respective appropriate "22 (h) and (k) columns."

⑱ Amount of declared estimated insurance premiums yen				⑲ Amount of declared estimated insurance premiums yen									
⑳ Amount of balance appropriated yen		(A) Amount (⑱ - ⑩(A)) yen		(B) Amount of refund yen		(C) Amount of balance due yen		㉑ Amount of increased estimated insurance premiums ((⑱(A) - ⑲)) yen					
㉒ First term Second term Third term	(A) Rough estimate of premium ((⑱(A) ÷ ⑰) + fraction of the next term and after.) yen		(B) Appropriation (⑳(A)) yen		(C) Shortage (㉑(C)) yen		(D) Labor insurance premiums for current term ((A) - (B) or (A) + (C)) yen		(E) General contribution (㉑(F)) yen		(F) Payment of this term ((D)+(E)) yen		㉓ Date of establishment of insurance relationship
	(G) Rough estimate of premium ((⑱(A) ÷ ⑰)) yen		(H) Appropriation ⑳(A) - ㉑(B) yen		(I) Payment for the second term ((G) - (H)) yen		㉕ Type of business or work				㉔ Reasons for discontinuance of business, etc.		
	(J) Rough estimate of premium ((⑱(A) ÷ ⑰)) yen		(K) Appropriation ⑳(A) - ㉑(B) - ㉑(H) yen		(L) Payment for the third term ((J) - (K)) yen		㉖ Postal code		㉖ Phone Number		㉕ (1) Discontinuance (2) Entrustment (3) Individual (4) Other		
㉖ Labor insurance in which a business is enrolled ( <input type="checkbox"/> ) Industrial accident compensation insurance ( <input type="checkbox"/> ) Employment insurance			㉗ Special businesses to which the higher employment insurance rate is applied ( <input type="checkbox"/> ) Applicable ( <input type="checkbox"/> ) Not applicable			㉘ Employer (A) Address (In case of a corporation (legal person), fill in the address of the head office.) (B) Name (C) Name (In case of a corporation, fill in the name of the representative.) Name with seal or signature [Seal]							
㉚ Business (A) Address (B) Name													

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### Notice of receipt

Labor insurance
Treasury funds

Name of handling agency: \_\_\_\_\_ Number of handling agency: \_\_\_\_\_

Collection account: \_\_\_\_\_ Insurance premium and general contribution income: \_\_\_\_\_ Labor insurance special account: \_\_\_\_\_ Under the jurisdiction of the Ministry of Health, Labour and Welfare: \_\_\_\_\_ 20XX\_\_FY

Labor insurance number	Prefecture	Type of insurance	Competent authority	Base number	Sub-number	*CD	*Receipt of securities
_____	_____	_____	_____	_____	_____	_____	All Partial

On and after May 1 of following fiscal year Revenue for current fiscal year incorporated

*Fiscal year (In the case of Heisei, enter 7) 20XX__FY (Item 2)	*Determination and notice year (In the case of Heisei, enter 7) 20XX__FY (Item 3)	*Date of receipt (In the case of Heisei, enter 7) 20XX__FY__Month__day (Item 4)	*Category of approval or disapproval (Item 5)	*Receiving agency (Item 6)	*Determination and notice (Item 7)	*Data section code (Item 13)	*Securities received yen
1. Heisei ____ FY Estimated ____ Term		2. Increased estimated ... 1 Raise in premium rate ... 2 Indication by term All terms / First term ... 1 Second term ... 2 Third term ... 3 Fourth term (first term of following fiscal year) ... 4		3. Heisei ____ Finalized in XXXX fiscal year			

Purposes of payment (Address) (Name) To:	Breakdown Labor insurance premium (Item 10) General contribution (Item 11) Payment (Total) (Item 12)
Place of payment Bank of Japan (head office, branch office, agency, or revenue agency), Competent Prefectural Labor Bureau, Competent Labor Standards Inspection Office	To: Collected the total value above. Seal of the date of collection  (Send to the governmental authority.)

"26 Labor insurance in which a business is enrolled" column  
In the case of being enrolled in both industrial accident compensation insurance and employment insurance, circle (a) and (b), in the case of being enrolled only in industrial accident compensation insurance, circle (a), and in the case of being enrolled only in employment insurance, circle (b).