Don't put ¥ (the yen sign) before the value you are filling in for 🖲 🗓 🗓 and 🗓

Form No. 6 (related to Article 24, Article 25, and Article 33) (A)

Labor insurance
Estimated insurance premiums/Increased estimated insurance premiums/Final insurance premiums
Declaration

Continuing business General contributions set forth in the Asbestos Relief Act (including grouped businesses with a fixed term) I declare labor insurance as follows For submission Type *input code Date (day, month, 20XX) *Categories Competent Competent authority category of business Category of Industry Prefecture ance type Base number Sub-number to: *Reason of cessation of business Revenue official of the Labor Bureau Labor Insurance Special Account Date(day, month, 20XX)~Date (day, month, 20XX) Calculation period Breakdown of calculation of final insurance premiums Category 9 contributions Insurance $\hbox{$\stackrel{\textcircled{1}}{\blacksquare}$ Amount of final insurance premiums/general contributions (8) $\times (9)$}$ 8 Basic amount for calculation of insurance premiums premium/contribution rate (A) /1000 (Item12) Labor insurance premiums thou-sand yen /1000 For industrial accident (B) (B) (B) (Item14 compensation For persons to whom the Employment Insurance Act applies

For elderly workers (C) (Item15) thou-sand yen (D) (D) (D) Item16) /1000 (Item17) thou insurance For persons subject (E) to insurance (E) (E) /1000 ((C) premium calculatio /1000 (F) General contributions Breakdown of calculation or calculat Date(day, month, 20XX)~Date (day, Calculation period month, 20XX) (4) Amount of final insurance premiums/ 12 Estimated basic amount for calculation of (13) Insurance Category increased estimated insurance premiums (①×③) premium rate insurance premiums (A) /1000 Item21) Labor insurance premiums yen For industrial (B) (B) /1000 accident compensation insurance For persons to whom the Employment Insurance Act applies

For elderly workers (C) thou-sand yen insurance premiums (D) For persons subject to insurance (E) /1000 (E) (15) Employer's postal code (if changed) (6) Employer's postal code (if changed) Application for postponeme (Number of installments) *inspection classification *Classification of *Code of data *Classification of of having gone through or not indication reentering (Item33

(Send to the governmental authority.)

® Amount of declared estimated insurar	nce			-		ared estimated in	surance		
premiums ((B) - ((A)) (P)	(®-@(A)) (C)	(10(A)-18	yen	premiur					yen
	ount of Amount of		yen	_	nt of inc	reased estimated liums ((())(A	A)-(19)		yen
(B) Appro	opriation (②(A)) (C)Shortage (②(C))			e premiums for (B) or (A) + (C))	(E) Gener	al contribution (⁽¹⁰⁾ (F))	(F)Payment of thi	is term ((D)+(E))	Date of establishment
refer d. in disconsistence term and atta.)	yen	yen		yen		yen		yen	of insurance relationship
(G)Rough estimate of premium (H)Appro (®(A) + ®)		ond term	25						
tet yen	yen	yen	Type of bus	siness or work					Reasons for discontinuance
(①)Rough estimate of premium ((R)Approj	priation (L)Payment for the thin ((J) - (K))	rd term [Posta	al code		Phone Number			of business, etc (1)Discontinuance
yen yen	yen	yen	29	_		() -	_	(2)Entrustment (3)Individual (4)Other
(1) Industrial accident compensation in which a business (Displayment insuranc	the nigher employment ()	Applicable Not applicable	(A)	Address of a corporation (legal p	erson),				
is enrolled (A) Address	insurance rate is applied		<u></u>	e address of the head of	fice. /				
(A) Address			e (5)	- Traine					
(B) Name			/ In cas	Name se of a corporation, he name of the represe	ntative)			Nan	ne with seal or signature [Seal]
ω									[Ocai]
	Perforate	ed line (D	on't deta	ch the first	page)				
Notice of re	ceint (Iab	or insuran	re Tr	easury fund	10				
Name of handling agen	<u> </u>			casury runc	13)				
	Training age.	Collection	Insurance p and general income		abor insura pecial acco	the M	er the jurisdiction of Ministry of Health, our and Welfare		20XX FY
Prefecture Type of Competent authority	Base number Sub-n	number	*CD	*Receipt of seci	urities				
nsurance			Partial	On and after May 1 of following fiscal year Revenue for current fiscal year incorporated					
number			(Item 1)						
*Fiscal year *Determination an (In the case of Heisei, enter 7) (In the case of He	eisei, enter 7) (In the case of Heisei, enter 7)	Month	,	l day 😑		abor			
		-] – [day (Item4)	o pr	surance emium		_ _ _	(Item10)
Purposes of payment *Reco		rmination *Data	on code *Sec	curities received		eneral -			
1. Heisei	(ltem7) (ltem6) (ltem5)	(Item8)	(Item 13)	yen		ntribution			(Item11)
FY Estimated Term (Ac	ddress)				Dov	mont			
Indication by term	,					ment otal)	<u> </u>	_ _ _	(Item 12)
2. Increased estimated ···1 Second term ···2					To:	'		Collected	the total value above.
premium rate · 2 Fourth term								Seal of th	e date of collection
following fiscal year)···-4 3. Heisei To	ame) o:								
Finalized in XXXX fiscal year									

These sample application forms indicate the essential points and descriptive examples of registration, visa, taxation, and personnel and labor affairs that are necessary when a foreign company establishes a corporation etc. in Japan. These documents are not published by competent authorities and therefore are not official. Therefore, when going through the official procedures consult a specialist or download the official documents from the competent authorities.

The competent authorities relating to these documents: Ministry of Internal Affairs and Communications URL: http://shinsei.e-gov.go.jp/search/servlet/FileDownload?seqNo=0000411845

Bank of Japan (head office, branch office, agency, or revenue agency),

Competent Prefectural Labor Bureau, Competent Labor Standards Inspection Office

Place of payment

The use of the information provided in these sample documents is based on your own responsibility. While JETRO makes every effort to ensure that we provide accurate information, we will not be held liable for any loss or damage incurred by your use of the contents of such information.

Input Examples

JETRO Investing in Japan Laws & Regulations on Setting Up Business in Japan Samples of forms businesses are required to submit to authorities 4-9c

"12 Estimated basic amount for calculation of insurance premiums"

Enter the estimated total amount of wages to be paid within the period starting on the date of establishment of an insurance relationship and ending at the end of the insurance year (March 31, 2017) after discarding any fractional sum of less than ten million year.

"14 Amount of estimated insurance premiums/increased estimated insurance premiums" column

Enter the amount obtained by multiplying the estimated basic amount for calculation of insurance premiums by "13 insurance premium rate" (if any fractional sum of less than one yen is included in such amount, discard it). If (b) and (e) columns are filled out, enter the total amount thereof in (a) column, and if either of (b) or (e) is filled out, enter the said amount in (a) column.

	•
Form No. 6 (related to Article 24, Article 2 Labor insurance	5 and Article 33) (A)
	estimated insurance premiums/Final insurance premiums Declaration Declaration
General contributions set forth in the Asbestos Relief Act	(including grouped businesses with a fixed term)
Туре	*Item number in need or *input code
3270	Date (day, month, 20XX)
Prefecture Insurance Competent type authority	*Categories *Categories *Category of business Category of busine
Regulation specific s	
②Date of increase	③Date of cessation of business, etc. *Reason of cessation of business
20XX Year	Morth Quay France Worth Quay France France Worth Quay France Fran
	Revenue official of the Labor Bureau Labor Insurance Special Account
Br Ø	Calculation period Date(day, month, 20XX)~Date (day, month, 20XX)
Category (6	Basic amount for calculation of insurance premiums Occurributions Insurance premiums/general contributions (8×9) Description of insurance premiums/general contributions (8×9)
Labor insurance premiums (A)	though though the sand sand sand sand sand sand sand sand
For industrial accident compensation insurance	(B) /1000 (B)
For persons to whom the Employment Insurance Act	thou-
Category Category Category (A) Labor insurance premiums For industrial accident compensation insurance premiums For industrial accident compensation insurance For industrial accident (C) Employment Insurance Act applies For elevery Workers D) For persons (C) For persons (E) subject to premium (C) Insurance premium (C) Insuranc	(D) /1000 (D)
For persons (E) subject to subject to calculation ((C) calculation (—(D))	(E) /1000 (E)
General contributions (F)	in though the sand sand in the sand sand sand in the sand sand sand sand sand sand sand sand
	O year
(1) (1) (2) (12)	Estimated basic amount for calculation of insurance premiums.
/increase (A)	increased estimated insurance premiums (@^@)
Break down of Category Increased design The category The category The category	
ର୍ଷ୍ଟ ପ୍ର compensation insurance	(B) /1000 (B) (Fig. 1) (B) yen
For persons to whom the complete the complet	thou-sand yer
politics (D) premiums (D) premiums (E) (IC) (IC) (IC) (IC) (IC) (IC) (IC) (IC	Thou-sand yes
ms premii. For persons (E) subject to ((C)	7
®Employer's postal coc	The state of the s
of having gone through or not and inve	cation of calculation *Code of data *Classification of stigation indication reentering *Items to be corrected
Item31)	Don't put ¥ (the yen sign) before the value you are filling in for ®@@and @.

"17 Application for tax payment" column

If the estimated insurance premiums payable is not less than four hundred thousand yen (two hundred thousand yen for a business with which only an insurance relationship pertaining to industrial accident compensation insurance or employment insurance has been established), and deferred payment is requested, enter the number of times of payment of insurance premiums. As for methods of deferred payment, the number of times of payment is three times when the date of establishment of an insurance relationship is during the period commencing on April 1 and ending on May 31, two times during the period commencing on June 1 and ending on September 30, and deferred payment will not be accepted during the period on and after October 1. In the case of deferred payment, any fractional sum of one yen or two yen included in the amounts for the second term and third term should be combined with the amount for the initial term.

"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."

(8) Amount of declared estimated insurance premi	ums		19 Amount	of declared estimated insura	ance premiums	,
(B) (A) (B) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	ount of Amount of	(A)−®)	② Amount ((((A) - (of increased estimated insur	rance premiums	
(B) Appro	priation (③(A)) (C)Shortage (③(C))	(D)Labor insui ((A) - (B) or	rance premiums for current term	(E) General contribution (®(F	F)) (F)Payment of this ter	
$\begin{array}{c} \begin{array}{ccccccccccccccccccccccccccccccccc$	priation (I)Payment for the second to	yen 25	yen		yen	yen
(G)Rough estimate of premium (H)Appro ((H)Appro (H)Appro	priation_ (L)Payment for the third tern	yen '	e of business or work			Reasons for discontin of business, etc
((((A)+ (()))) (((((A)+ (())))) ((((((A)+ (()))))) ((((((A)+ (())))))) (((((((A)+ (()))))))) ((((((((A)+ (())))))))) ((((((((A)+ (())))))))) ((((((((((Ø(B) - Ø(H)) ((J) - (K)) yen y	yen 29	Postal code —	Phone Number) –	(1)Discontinuance (2)Entrustment (3)Individual (4)Ott
(1) Industrial accident compensation in which a business is enrolled (1) Employment insuranc	nsurance Special businesses to which the higher employment insurance rate is applied (1) Applii	icable m	(A) Address (In case of a corporation (legal pfill in the address of the head of	erson),)		•
(A) Address		oyer	(B) Name			
us in egg (B) Name			(C) Name (In case of a corporation, fill in the name of the represe	ntative.)		Name with seal or signa
	Perforated l	line (Don't	detach the first	page)		
Notice of re		insurance	(Treasury fund	<u> </u>		
Name of handlin	g agency *Number of handling ager	Collection		Labor insurance	Under the jurisdiction of	
Prefecture Type of Competent authority	Base number Sub-number	account er *	income CD *Receipt of seci	special account	the Ministry of Health, Labour and Welfare	20XX
Labor insurance number		(Item1)	All			after May 1 of following fiscal y e for current fiscal year incorpo
*Fiscal year (In the case of Heisei, enter 7) 20XX		Month	(Item4)	Labor insurance premium		
Purposes of payment "Receipt category" 1. Heisei	*Receiving of approval *Determination *[Data ection code (Item 13)	*Securities received	contribution		
FY Estimated Term (Address	3)			Payment (Total)		
Increased Alt terms/First term·-1 Second term·-2 First term·-1 Raise in First term·-3 First term (first term of following fiscal year)·6				То:		Collected the total value at Seal of the date of collect
3. Heisei (Name) To:						
3. Heisei To:						

"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).