Form 2

Salary Statement Cover Sheet

Student ID No.:	dent ID No.: Student's Name:								
Name of the earner:				Relation	ship to the a	pplicant: _			
Note: If there are multiple	e earners, pleas	e submit a sepa	arate Form 2 fo	or each.					
How to complete For	rm 2:								
Please enter the appro	priate figure	s in the space	es below and	calculate th	e amount of	"G. Annual	Income" base	ed on	
the salary statements					-	•	•		
this form. In the case	-			-	nter income e	earned prior	to retirement	•	
Note: If there are multiple	e employers, pl	ease submit a s	separate Form	2 for each.					
A. Name of Employer:				_					
D M 41 137 63	Б 1 .								
B. Month and Year of	Employment:		,						
C. Total Amount: (yen (mon	th:)+	yen (mon	th:)+	yen (mo	nth:)) =	,	yen	
<u></u>	 \				<u> </u>				
D. Commuting Allowa	nce: (yen (month:	_)+	<u>en</u> (month:	_) + <u>y</u>	<u>en</u> (month:	_)) =	yen	
E. Average Monthly In		-	tal Amount) -	yen	(D. Commuting	Allowance)) ÷	3 months =		
<u>yen</u> *Rounded down to	the nearest ye	n.							
F. Bonus:	ven *If there	is no bonus, p	lease enter "0"	yen. If you do	not know the	amount of the	bonus, please e	enter	
the figure calculated by the	-	_					71		
G. Annual Income: _	yen (I	E. Average Mo	nthly Income)	× 12 +	yen (F. Bon	us) =	yen		
How to complete the	"Incomo In	formation?	soction of th	a Annliaati	on Form				
• "Type of Income									
 "Annual Income 				-		Annual Inco	ome" above t	to the	
nearest thousand	yen and ente	er that amour	nt.						
Sample:									
支給年月 所属コード 社員コード 氏 名					給与明細書				
年月	別属コート 社	<u> </u>	K.	10	<u>w</u>	אווי נגי כ			
基本給		'		•	通勤手当			1	
支					通動于当 D				
給 項				•	u	非課税額計	総支給額	l':	
B							С		
健康保険料	厚生年金料	雇用保険料	社会保険料合計	課税対象額	所 得 税	住 民 税			
除									
項目						年調過不足額	差引支給額	-	
1									
就業 出勤 有休	特別 欠勤 遅刻	出勤残	葉 深 夜 休	k 日			当月支給額		
蠡		rió .							

