

Contact Information

〒470-1195

Toyoake City Fixed-Amount Tax Reduction Adjustment
Benefit Call Center

Telephone number: 0562-85-2070

Notice to Those Eligible to Receive Adjustment Benefit for Fixed-Amount Tax Reduction in Fiscal Year 2024 and Request for Confirmation

*The Adjustment Benefit is a payment made to those who are unable to fully receive the fixed-amount tax reduction in income tax and individual municipal and prefectural inhabitant taxes based on income, implemented in fiscal year 2024 (the amount of the eligible fixed-amount tax reduction exceeds the estimated income tax amount for 2024 or the individual municipal and prefectural inhabitant tax amount for 2024 based on income), in the amount calculated by rounding up the total amount of the excess to the nearest 10,000 yen.

This notice is to inform you that, based on the income tax amount for 2024 (estimated) and the taxation condition of individual municipal and prefectural inhabitant taxes for fiscal year 2024, you are expected to be unable to fully receive the fixed-amount tax reduction (eligible recipient of Adjustment Benefit). Please confirm the information below, **detach the “Confirmation of Adjustment Benefit Payment” on the right, and return it along with your identification documents by October 31, 2024.** After screening, the benefit will be paid as follows.

Amount and Calculation Formula of Adjustment Benefit

Number of persons eligible for the fixed-amount tax reduction calculation			
Yourself + spouse and dependents eligible for tax deduction		Total [] person(s)	= [] person(s)
Income tax	Eligible amount of the fixed-amount tax reduction (30,000 yen x number of persons eligible for the fixed-amount tax reduction calculation)	Estimated income tax amount for 2024	Remaining amount in the tax deduction ([1])
	[] yen	— [] yen	= [] yen (0 if < 0)
Individual municipal and prefectural inhabitant tax amount based on income	Eligible amount of the fixed-amount tax reduction (10,000 yen x number of persons eligible for the fixed-amount tax reduction calculation)	for fiscal year 2024 Individual municipal and prefectural inhabitant tax amount based on income	Remaining amount in the tax deduction ([2])
	[] yen	— [] yen	= [] yen (0 if < 0)
Adjustment Benefit	Remaining amount in the income tax deduction ([1])	Remaining amount in the deduction in individual municipal and prefectural inhabitant tax amount based on income ([2])	Total remaining amounts in the tax deduction ([3]) ([1]+[2])
	[] yen	+ [] yen	= [] yen
			[Adjustment Benefit Payment Amount] ([3] above rounded up to the nearest 10,000 yen)
			[] ten thousand yen

Items to be confirmed

*The figures in the “Estimated income tax amount for 2024” field are an estimated amount based on the currently available figures such as your income for 2023. **If there happens to be an unpaid amount in the Adjustment Benefit Amount when the income tax amount for 2024 is determined, such unpaid amount will be additionally paid to you in fiscal year 2025.**

*If you are moving or have moved outside Toyoake City during 2024, you may need this document when applying for additional payments, so **please keep it in a safe place together with the decision notice that will be sent to you when the payment has been decided, even after tearing out the “Confirmation of Adjustment Benefit Payment” on the right.**

*If you find any significant discrepancies in any of the figures, please hand-correct the discrepancies by drawing double lines through them and submit this document by the return deadline along with photocopies of the relevant documents showing the discrepancies (tax withholding slip, final tax return, tax notice, special collection tax amount notice, etc.). Please check your decision notice for the results of the screening. We may contact you to confirm the corrections.

*Regarding the number of dependents, if their income amount exceeds the limit for dependents (total income of 480,000 yen or less, salary income equivalent to 1,030,000 yen) or they are dependents of others, they will not be included in the number of eligible persons. **When making corrections to the number of persons included in the calculation, please check with the dependents.**

*If, after the completion of transfer procedure to the designated receiving account, the transfer is not completed due to reasons such as incorrect information on the confirmation, and the applicant (including the representative) cannot be contacted or confirmed by November 29, 2024, the application will be considered to have been withdrawn.

***If we do not receive your reply by October 31, 2024, we will assume that you have declined the benefit payment.**

*If you do not wish to receive this benefit, please check the appropriate box () on the confirmation.

Confirmation of Adjustment Benefit Payment

Reference number:



Municipality where your residence certificate is registered as of January 1, 2024
To the Mayor of Toyoake City

1 Confirmation of the Adjustment Benefit Payment Amount and intention to receive it (Please confirm the following items and check the relevant box (□) after confirming them.)

*If you find any significant discrepancies in any of the figures, please draw double lines through them and correct them by hand.

Number of persons eligible for the fixed-amount tax reduction calculation			
Yourself + spouse and dependents eligible for tax deduction		Total	
		person(s)	= person(s)
Income tax	Eligible amount of the fixed-amount tax reduction (30,000 yen x number of persons eligible for the fixed-amount tax reduction calculation)	Estimated income tax amount for 2024	Remaining amount in the tax deduction ((1))
	yen	yen	yen (0 if < 0)
Individual municipal and prefectural inhabitant tax amount based on income	Eligible amount of the fixed-amount tax reduction (10,000 yen x number of persons eligible for the fixed-amount tax reduction calculation)	for fiscal year 2024 Individual municipal and prefectural inhabitant tax amount based on income	Remaining amount in the tax deduction ((2))
	yen	yen	yen (0 if < 0)
Adjustment Benefit	Remaining amount in the income tax deduction ((1))	Remaining amount in the deduction in individual municipal and prefectural inhabitant tax amount based on income ((2))	Total remaining amounts in the tax deduction ((3)) ((1))+((2))
	yen	yen	yen
↓			
[Adjustment Benefit Payment Amount] ● above rounded up to the nearest 10,000 yen			
ten thousand yen			

☐ I confirm the [Adjustment Benefit Payment Amount] and wish to receive the Adjustment Benefit.

*If you make any corrections, you must attach photocopies of the relevant documents (tax withholding slip, final tax return, tax notice, special collection tax amount notice, etc.) that show the discrepancies.

☐ I decline to receive the Adjustment Benefit.

2 Please fill in the necessary information about the receiving account. (Please do not fill in an account that has not had any deposits or withdrawals for a long period of time.)

Please check one of the boxes below (□).

☐ I would like the money to be transferred to the Public Funds Receiving Account in the applicant's name that has been registered on Mynportal, etc. (Photocopies of bankbooks, etc. are not required.)

*You must register your Public Funds Receiving Account via Mynportal, etc.

☐ I would like the money to be transferred to the account below.

(The receiving account is limited to an account of the applicant or his/her representative. A photocopy of your bankbook, etc. must be attached to the back of the document in the space provided for attaching identification documents.)

Financial institution name	Branch name	Account type	Account number	Account holder's name
Financial institution number	Branch number	1 Savings account 2 Checking account	*Please fill in the number right-aligned.	*Please follow the notation on your bankbook.
Japan Post Bank	Bankbook symbol (If there is a 6th digit, please enter it in the field marked *)	Bankbook number	*Please fill in the number right-aligned.	Account holder's name *Please follow the notation on your bankbook.
If you select Japan Post Bank, please enter the symbol and number written in the top left corner of your savings passbook or on your cash card.				

(Note) If you do not have a financial institution account, live far away from a financial institution, or are otherwise unable to receive the payment through an account, please contact the Toyoake City Fixed-Amount Tax Reduction Adjustment Benefit Call Center (0562-85-2070).

If your representative will confirm this, please fill in the section [In case of your representative's confirming / receiving on behalf of]

[In case of your representative's confirming / receiving on behalf of you]

Representative	Name of representative	The relationship to the applicant	Sex	Date of birth of your representative	Representative's current address
			Male / Female	Year Month Date	Telephone: ()
I recognize the above person as the representative and delegate him/her to (confirm and request receive confirm, request, and receive) the Adjustment Benefit.				Name of the applicant	Signature

3 Please read the items to be confirmed on the left and fill in your name, confirmation date, and contact telephone number.

I have confirmed the items to be confirmed on the left and have no objections.

Name	Confirmation date	Year	Month	Date	Contact telephone number

* If you intentionally confirm false information, we will ask you to return the benefits.
You may be charged with fraud for receiving the benefits improperly.

Be sure to check the back as well.

<Administrative processing section> *This is the administrative processing section. No filling in is required.

Remarks	Data entry check	Data entry	Check	Acceptance	Acceptance number
<input type="checkbox"/> Mail					

Documents to be submitted

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“Confirmation of Adjustment Benefit Payment”

*Please fill in the required information.

☐

Confirmation of the Adjustment Benefit Payment Amount and intention to receive it

☐

Receiving account *Not required if you are not receiving the Adjustment Benefit

☐

Name, confirmation date, contact telephone number

☐

“Photocopies of your (and your representative’s) identification documents”

*Please attach photocopies of the applicant’s or his/her representative’s driver’s license, health insurance card, My Number Card (front side), pension handbook, long-term care insurance certificate, passport or the like in the space below for attaching identification documents.

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“Photocopy of a document that can verify the receiving account”

*Please attach a photocopy of a document showing the name of the financial institution of the receiving account, the account number, and the account holder’s name, such as a photocopy of a bankbook or cash card, in the space below for attaching identification documents.

☐

“Photocopies of tax withholding slip, final tax return, tax notice, special collection tax amount notice, etc.”

*If you recognize significant discrepancies in the figures on the front page, please provide photocopies of the above documents showing the amount of tax and number of dependents required to calculate the benefit amount.

*Have you completed or checked all the columns or properly prepared the documents to be submitted? (If you fail to fill in or check all the columns or submit any incomplete documents, you will not be able to receive the benefit.)

Space provided for attaching identification documents

Your (and your representative’s) identification documents

*Photocopy of any one of the following documents: driver’s license, health insurance card, My Number Card (front side), pension handbook, long-term care insurance certificate, passport, etc.

*If your representative is submitting this document, please attach identification documents for both the applicant and his/her representative.

Document to verify the financial institution account for the money transfer

(Photocopy of a bankbook or cash card showing the name of the financial institution of the receiving account, the account number, and the account holder’s name (in kana))

*Not required if you wish to transfer to your Public Funds Receiving Account

About enclosed documents

When sending your confirmation form by postal mail, please enclose the following documents:

1 Copy of identification documents (health insurance card, driver's license, My Number card)

Please be sure to enclose a copy of one of the following.



*For My Number Cards, please only enclose a copy of the front side that does not contain your individual number.

*My Number Notification Card (paper version) cannot be used as an identity verification document.

Or two of the following: Health insurance card, long-term care insurance card, medical care certificate, pension notebook, etc.

2 A copy of a document that verifies the bank account for the transfer

Bankbook (or ATM card if you do not have a bankbook) that clearly shows the name of the financial institution, branch name, account type, account number, and account holder's name (written in Katakana)

Please make sure to include a copy of one of the following. *Must be the account of the head of household or their proxy.

