

Contact Information

〒470-1195

Toyoake City Fixed-Amount Tax Reduction Adjustment
Benefit Call Center

Telephone number: 0562-85-2070

Notification of Payment of Remaining Adjustment Benefit for Toyoake City Fixed-Amount Tax Reduction

This Remaining Adjustment Benefit will be paid to those who are eligible to receive the shortfall after the recalculation of the FY2024 adjustment benefit.

Since you are eligible for the payment, this notification provides details of the estimated payment amount.

Please check the following information and submit the confirmation on the right by October 31, 2025.

Please attach your identification documents to the confirmation and return them to us.

Amount and Calculation Formula for Remaining Adjustment Benefit

Adjustment Benefit to be paid in 2025

Remaining amount for the
income tax deduction for FY
2024 (①)

+

Remaining amount for the deduction for
the inhabitant tax for FY 2024 based on
income (②)

=

Total remaining amount for the tax
deduction (③)
(①+②)

→

Adjustment Benefit to be paid in 2025(④)
(③ on the left rounded up to the nearest
10,000 yen)

Benefit Payment Amount

Adjustment Benefit to be paid in 2025
(④)

-

FY2024 Adjustment Benefit Payment Amount

=

Remaining Adjustment Benefit Payment Amount

Itens de confirmação

*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.

*If we do not receive a reply by October 31, 2025, we will assume that you have declined the benefit payment.

Payment Confirmation of Remaining Adjustment Benefit for Toyoake City Fixed-Amount Tax Reduction

Reference number:

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

Municipality
acceptance
stamp

1

Confirmation of Remaining 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.**

Adjustment Benefit to be paid in 2025						
Remaining amount for the income tax deduction for FY 2024 (①)	+	Remaining amount for the deduction for the inhabitant tax for FY 2024 based on income (②)	=	Total remaining amount for the tax deduction (③) (①+②)	→	Adjustment Benefit to be paid in 2025(④) (③ on the left rounded up to the nearest 10,000 yen)

Benefit Payment Amount				
Adjustment Benefit to be paid in 2025 (④)	-	FY2024 Adjustment Benefit Payment Amount	=	Remaining Adjustment Benefit Payment Amount

☐ I confirm the [Remaining 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.

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.)

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

(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 *Please fill in the number right-aligned.					Account holder's name *Please follow the notation on your bankbook.						
Financial institution number					1 Bank 2 Shinkin bank 3 Credit union 4 Credit farmers cooperative association 5 Agricultural cooperative 6 Fisheries cooperative 7 Credit fisheries cooperative association		Head office / Branch Head office / Branch Sub-branch		1 Savings account 2 Checking account											
					Branch number															

Japan Post Bank					Bankbook symbol If there is a 6th digit, please enter it in the field marked *.					<div style="border: 1px solid black; width: 100px; height: 100px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 50px; height: 50px; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> </div>					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.					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">*</div> </div>																			

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

Representative		The relationship to the applicant	Sex	Date of birth of your representative	Representative's current address
	Name of representative				
			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
← In the case of a legal representative, there is no need to select the scope of delegation.					

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	
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* 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

☐ “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.**

☐ “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.

Examples of identification document

table



Copy of health insurance card
(front side only)

table



Copy of driver's license
(front side only)

*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.

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.

