

Application Form for 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.

支給市区町村 (令和7年度個人住民税の課税市区町村)
豊明 市長殿

豊明市
受付印

【Those who need to apply using this form】

Those who meet all of the following criteria

- Those whose income tax amount for 2024 and municipal and prefectural inhabitant tax amount for FY 2024 are both 0 yen
- Those who have not received the 2024 Adjustment Benefit for non-taxable households (or those households who were required to pay inhabitant tax on per capita basis only) as the head or member of the household

I confirm and agree to the following pledges and agreements.

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① In principle, 40,000 yen will be paid if the following payment requirements are met.

If the city's calculation results in an amount of 0 yen, the Remaining Adjustment Benefit will not be paid.

Those who meet all of the following criteria

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1. Applicant

Name	Sex	Date of birth	address
	Male Female		

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 Mynaportal, etc. (Photocopies of bankbooks, etc. are not required.)

*You must register your Public Funds Receiving Account via Mynaportal, 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
1 Bank 2 Branch bank 3 Credit union 4 Credit co-operative 5 Credit co-operative association 6 Credit co-operative association 7 Credit co-operative association	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.		1	0	

(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 / r

[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 -	Telephc ()
I recognize the above person as the representative and delegate him/her to confirm and request the Adjustment Benefit.				Name of the applicant	Signature
confirm, request, and receive				In the case of a legal representative, there is no need to select the scope of delegation.	

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 document:

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.

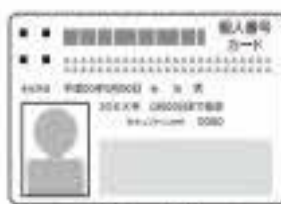
Examples of identification document

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.

