### 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 moved to this city from other municipalities or overseas during 2024 and are registered as residents as of January 1, 2025

I confirm and agree to the fo						
(1) If the city's calculation res			Remai	ning Adjustment Benefit v	will n	ot be paid.
Adjustment Benefit to be paid in 202						
Remaining amount for the income tax deduction for FY 2024 (①)	the i	ining amount for the deduction for inhabitant tax for FY 2024 based on me (②)	=	Total remaining amount for the tax deduction (③) (①+②)	$\rightarrow$	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	7 -	FY2024 Adjustment Benefit Payment Amount	=	Remaining Adjustment Benefit Pays	ment Am	nount

#### 1. Applicant

Name	Sex	Date of birth	address
	Male • Female		

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  $(\Box)$ .

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.)

\*(Photocopies of bankbooks, etc. are not required.)

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

 $\hfill \square$  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 %seeff in the number right-signed.	Account holder's name *Please follow the notation on your
Name   Na	Heat ditter / Banah Heat diter / Banah Bat teach Branch number	1 Savings account 2 Checking account		
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 /

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

In case of your representative's commitming / receiving on benan of your								
ntative	Nam	e of representa	The relationship to the applicant	Sex	Date of birth of your representative		Representative's current address	
Represe				Male / Female	Year		Telepht ( )	
I recognize the above person as the representative and delegate							Signature	
hin	him/her to confirm and request the Adjustment Benefit.						9	
		receive	In the case of a legal representative, there is no need to select the scope of delegation	n.		applicant		
		confirm, request, and rec						

# 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.

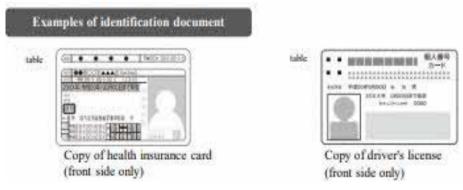
## Document to verify the financial institution account for the money transfer

(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 documer

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.

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

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

