Income (taxable)
Tax payment/

Certificate Application Form

To:Na	gahama M	ayor Comp	lete pa	yment					1	Y M	D	
		Address										
Thos	ose who e at the ounter		(furigan	a)								
came		Name										
COL	inter	Birth Date	Seirel	۲i		Υ		M			D	
		Phone number	()	-	_			
		☐ Yuorself ☐ Persons of the same house ☐ Corporate ☐ Decedent ☐ Client										
Wh	lhose	Current address (location)	<persor< td=""><td>n or pe</td><td>rson in s</td><td>same</td><td>family hou</td><td>use can be o</td><td>omitt</td><td>ed></td><td></td><td></td></persor<>	n or pe	rson in s	same	family hou	use can be o	omitt	ed>		
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		Corporation)									(Corpora	te seal)
		Birth Date				Υ		М			D	
	ose of use	☐ Municipal I ☐ Nomination							dent	applicatio	n	
(Mu	ltiple	☐ Hunting tax	x reduc	tion ex	emption		hild allow		olars	hip applic	ation	
	swers owed)	☐ Alcohol sa☐ Tuition exe						on applicat	ion Γ	□ Other ()
※ When	the appl	icant or a pers	on other	than t	he same h	ousel	nold applies	s, a consent	form	(reverse sid		,
		wever, in the ca L. Also, please										а
※ The	same house	ehold means tha	t househ	nolds on								ss but
		eholds need a co ssary certific		orm.			Conte	nts			Number	
		(taxable)	Gation	Fiscal year	er of 30	/in			20	Latest		
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In- a				He I Se	f-			r Heisei			сору	
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21011											сору	
						(ın	COME TO	r Heisei	25		сору	
	Tax payment certificate Persons with fixed assets □ Single name				erof 30	(•	•) Latest	сору	
					ei 29	(Corporateion b	•)	сору	
Tay [□ Share	Share name Single and share are			er of 28	(Corporation: b)	сору	
cer	separate	items		He i se	er of 27	(Corporation: b	usiness year)	сору	
ica	ayment	te of complete	, 🗆 (City tax (□ All □ Fixed assets shared only) copy								
te	no p	aaf +ba+ +baua (a)			City tax · National health insurance premium					сору		
	delivery due date			ity tax · National health insurance premium · Share of dassets copy								
	☐ Proof that you have not received delinquency copy											
Please	Please read the notes on the back side.											
I	dentifica	tion column	Recep	tionist	Issue		Consultation	Delivery	000		ission	
_	□ Driver's license □ Insurance card □ Residence card □ R											
□ Juki	card \square	e card My number card							=			円
Other (Receipt number												

Written Consent

To Mayor of Nagahama

Y M [

I hereby declare that the following persons are agents and I accept the application and receipt of certificates concerning my city tax and national health insurance premiums.

	<address></address>
Agent	<name></name>

	<address></address>			
A person (Applicant)	<name></name>			
	Birth Date:Seireki	Υ	M	D
	Phone number() -		

When applying for decedent's city tax / national health insurance certificate, the heir is the applicant. Please create your consent form in the name of the heir.

Remarks

Notes

- ◎ If you come to the window, please bring your identity confirmation documents such as a driver's license.
- In the case of a corporation, it is necessary to imprint a corporate seal (a seal containing a corporate name).
- OIf the person who comes to the window is an agent, a consent form is necessary. Even if the address is the same, those who divide households need a consent form.
- ◎ In the case of a heir to a counter, you may be required to show that the principal died and documents (Applicant's Matters Certificate of Family Registration etc.) indicating
- ⊙ If there is a change in the name, address of the corporation, the name and address of the individual (except for changes in Nagahama city), the certificate of registered matters of the commercial register and all(part) certificate of family register. You may be required to show a document understands the change of stamps etc of family
- When an adult guardian wants a proof of the guardian of the adult, it is necessary to present a document etc that can confirm the trial of guardianship appointment.
- The income relation certificate will be issued in the municipality with resident registration as of January 1st.
 Example: The income (taxation) certificate of Heisei 30 fiscal yea
 About income from January 1, Heisei 30 December 31, Heisei
 - O It will be issued in the municipality where the resident registration was done as of January 1, Heisei 30.
- Upon delivery of tax payment certificate, we may ask to show the receipt of city tax/national health insurance fee paid within the past month (bank note in case of direct

City	use	column	(Hearing /	Handover,	etc.)