

Information Regarding Your Adjustment Benefit for Fixed-Amount Tax Reduction

Based on your income tax (estimated) for 2024 and your status regarding the local residential tax for FY 2024, we have determined that you are eligible for the Adjustment Benefit for Fixed-Amount Tax Reduction. We are pleased to inform you of the expected amount of your payment as follows.

*The Adjustment Benefit is a payment to those who are unable to fully utilize the fixed-amount tax reduction in income tax and individual residential tax income levy to be implemented in FY 2024 (the possible amount of the fixed-amount tax reduction exceeds the estimated income tax amount for FY 2024 or the individual residential tax income levy amount for FY 2024), calculated based on the combined amount of the excess, rounded up to the nearest 10,000 yen.

Adjustment benefit amount and calculation method		Name of eligible person	
Income tax	Possible amount of flat-amount cut of personal income tax for withholding tax (30,000 yen x (person + number of dependents))	For 2024 Estimated income tax amount	Deduction shortfall amount (1)
	<input type="text"/> yen	<input type="text"/> yen	<input type="text"/> yen (if <0, then 0)
Residential tax income levy	Possible amount of flat-amount cut of personal income tax for withholding tax (10,000 yen x (person + number of dependents))	For FY 2024 Amount of residential tax income levy	Deduction shortfall amount (2)
	<input type="text"/> yen	<input type="text"/> yen	<input type="text"/> yen (if <0, then 0)
Adjustment benefit	Deduction shortfall amount for income tax (1)	Deduction shortfall amount for the residential tax income levy (2)	Total deduction shortfall amount (3) (1+2)
	<input type="text"/> yen	<input type="text"/> yen	<input type="text"/> yen
Note: "Number of dependents" includes spouses eligible for the deduction and dependents under the age of 16.			Adjustment benefit amount (Above 3 rounded up to the nearest 10,000 yen)
			<input type="text"/> yen

*The figures in the "Estimated income tax amount for FY 2024" column are estimates based solely on the 2023 income and other data currently available. Therefore, **if there is a shortfall in the benefit amount after the amount of income tax for FY 2024 is determined, the shortfall will be made up by an additional payment in FY 2025.**

*If you are moving or have moved outside of your city, ward, town or village during 2024, please make a photocopy of this confirmation form and keep it in a safe place, as it may be required to receive additional payments.

*If we do not receive a reply by the submission deadline, we will assume that you have declined to receive this benefit.

How to apply Please apply using one of the following methods.

Online Application Please apply online using the ID and password below.

Your ID Enter your date of birth in 8 digits (4 digits for the year + 2 digits for the month + 2 digits for the day) as your password.
(For example, January 2, 1985 would be "19850102")

Benefit application form

https://queue.smp.ne.jp/waitingroom?r=yokkaichi_city



● If you have a smartphone or tablet, you can also apply using the QR code on the right.

Application status inquiry website

https://area31.smp.ne.jp/area/switch/00051c0005H1KBbVCg/yokkaichi_city_chosei_situation



● Enter the confirmation number on the above website to check the processing status. (This service is also available to those who applied by mail.)

Online application is not available for confirmation (receipt) by someone on your behalf.

Application by mail ● Confirmation form with all necessary information filled in (Please cut off the right side of this form.) ● Photocopies of verification documents (Please check Side C)

Please submit the above documents in the enclosed reply envelope.

- 多言語によるご案内は、右記のQRコードよりご確認ください。
- 关于本通知的中文版介绍，请扫描右边二维码确认。
- 다국어 안내는 우측 QR 코드를 통해 확인해 주십시오.
- Please scan the QR code on the right to get information about this form.
- Para obtener información multilingüe sobre este formulario, escanee el código QR de la derecha.
- Favor escanear o código QR para obter informações sobre este documento em várias línguas.
- chi tiết cụ thể bằng các ngôn ngữ khác được hướng dẫn trong đường link này(đọc mã QR)



※QRコードは(株)デンソーウェアの登録商標です

Inquiries Yokkaichi City Living Support Benefits Office

059-354-8202

Open hours 8:45 am - 5:00 pm
Excluding Saturdays, Sundays, and holidays

Please provide your confirmation number when you call.

Yokkaichi City Mayor

If you receive this request for confirmation, you are eligible for the Adjustment Benefit for Fixed-Amount Tax Reduction.

Please check the details and then proceed with the application.

Yokkaichi City Living Support Benefits Office

Request for Confirmation regarding the Yokkaichi City Adjustment Benefit for Fixed-Amount Tax Reduction for FY 2024

Submission deadline: October 31, 2024 (Thursday)
(Postmark valid on the same day)

Applying online is easy and convenient. For details, please see "How to Apply" on the left page.

1 About the recipient

Name of eligible person	I have confirmed the amount of the benefit and am requesting the benefit.	
	Name (can be signed on your behalf)	<input type="text"/>
Address	Date of confirmation	_____(mm)/_____(dd)/_____(2024)
	Contact telephone number	- -

If you do not wish to receive this benefit, please check the checkbox (☑) on the right.

I do not wish to receive this benefit.

2 How to receive the benefit

- Please enter ✓ in the checkbox of the method of receipt of your choice (a) or (b).
- If neither of the checkboxes has "✓" or if they both have "✓", we will transfer the money to the public funds receiving account registered in the eligible person's name on My Number Portal or other such sites (a).
- If only the checkbox for (a) has "✓" and there is account information attached that is different from account information for (a), account information for (a) will be used.

(a) I would like the deposit to be made to the following account (the public funds receiving account registered on My Number Portal, etc.). (The last three digits of the account number are hidden.)
Photocopies of identity verification documents and documents verifying account details are not required.

Financial institution name: _____ Deposit type: _____
Branch name: _____ Account number: _____
Account holder: _____

(b) I would like the deposit to be made to the following account.
(A photocopy of your account passbook etc. is required. Please do not enter accounts that have not had any deposits or withdrawals for a long period of time.)

● Identity verification document required
● Photocopy of your account passbook required
Be sure to check the back.

Financial institution name	Account type	Account holder name (katakana)
	1. Savings account 2. Checking account	
Branch code (branch number) *Other than Japan Post Bank	Account number *Other than Japan Post Bank	
Account code *Japan Post Bank	Number *Japan Post Bank	

Please be sure to check the back as well.

3 If you wish the deposit to be made to your agent's financial institution account on **Side A** ②

- Please place your signature below. The spouse, parents, or children of the eligible person are also considered to be agents. If your relationship to the eligible person is "Other," please enter the relationship inside the parentheses.

Signature of eligible person	I hereby acknowledge the person listed below as my agent and authorize him/her to confirm and receive the fixed-amount tax reduction adjustment benefits.		Name of eligible person
Signature of agent	Name (title) of agent	Agent address (Location)	Daytime contact information () -
	Agent date of birth	Relationship to the eligible person	

Those who can confirm/receive on behalf of the eligible person	Relationship to the eligible person		
	Same household	Adult guardians, etc.	Other
	• Those who are listed on the same resident card as the eligible person	• Adult guardian • Curator whose authority of representation has been granted • Assistant whose authority of representation has been granted	• Relatives or other people who regularly take care of the eligible person

Example of how to fill out the form if you wish the deposit to be made to your agent's financial institution account

3 If you wish the deposit to be made to your agent's financial institution account on **Side A** ②

- Please place your signature below. The spouse, parents, or children of the eligible person are also considered to be agents. If your relationship to the eligible person is "Other," please enter the relationship inside the parentheses.

Signature of eligible person	I hereby acknowledge the person listed below as my agent and authorize him/her to confirm and receive the fixed-amount tax reduction adjustment benefits.		Name of eligible person
Signature of agent	Name (title) of agent	Agent address (Location)	Daytime contact information () -
	Agent date of birth	Relationship to the eligible person	

Those who can confirm/receive on behalf of the eligible person	Relationship to the eligible person		
	Same household	Adult guardians, etc.	Other
	• Those who are listed on the same resident card as the eligible person	• Adult guardian • Curator whose authority of representation has been granted • Assistant whose authority of representation has been granted	• Relatives or other people who regularly take care of the eligible person

Please fill out the form clearly and accurately using a black ballpoint pen. Do not use erasable pens or pencils.

Documents to be attached [Important]

- Please be sure to check and enclose the necessary documents.

How to receive the benefit (designated account)	Documents to be attached
Those who have written their own account information on Side A ②	<ul style="list-style-type: none"> Photocopy of the identity verification document of the eligible person Photocopy of the passbook of your financial institution account <p>*If you specify the public funds receiving account in the eligible person's name registered on My Number Portal or other such sites as the account to which the benefit is to be deposited, the above documents need not be attached.</p>
Those who have written the account information of their agent on Side A ②	<ul style="list-style-type: none"> Photocopy of the identity verification document of the eligible person Photocopy of the identity verification document of your agent Photocopy of the passbook of your financial institution account <p>*If the agent is an adult guardian, etc., attach a copy of the certificate of registered information, a copy of the judicial settlement, etc.</p>

Photocopy of the identity verification document

① For those with Japanese nationality

*For any one of the following documents that is still valid, the part with the name and date of birth and the part with any changes

- Driver's License
- Health Insurance Card
- Passport
- Physical Disability Certificate
- Rehabilitation Certificate
- Long-term Care Insurance Certificate
- Pension Handbook, etc.
- Basic Resident Register Card (with photo)
- My Number Card (photo side only)
- *My Number Notification Card (without photo) cannot be used.

② For those who do not have Japanese nationality

*Among the documents listed below, those within the expiration date, or documents listed in ① (issued within Japan)

- Residence Card (front/back)
- Special Permanent Resident Certificate (front/back)

Photocopy of the passbook of your financial institution account The financial institution account specified in ② on **Side A**

○ In the case of Japan Post Bank

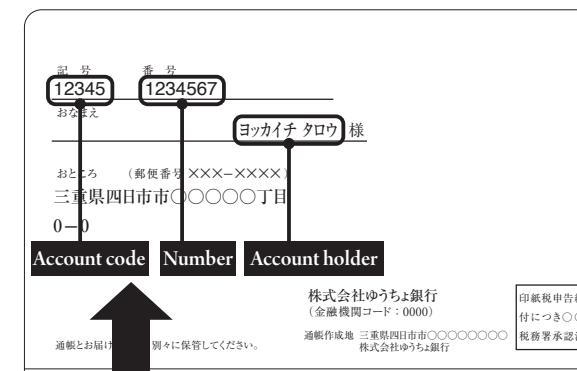
- Photocopy of passbook two-page spread (Page where you can see the "account code," "account number," and "account holder" for transfer)

○ In the case of banks other than Japan Post Bank (a photocopy of one of the following)

- Photocopy of passbook two-page spread
- If the account is without a passbook, a photocopy of the ATM card (front and back)

*If the "financial institution name," "deposit type," "account holder," "branch number," and "account number" are not printed on the two-page spread, please also enclose a photocopy of the passbook cover.

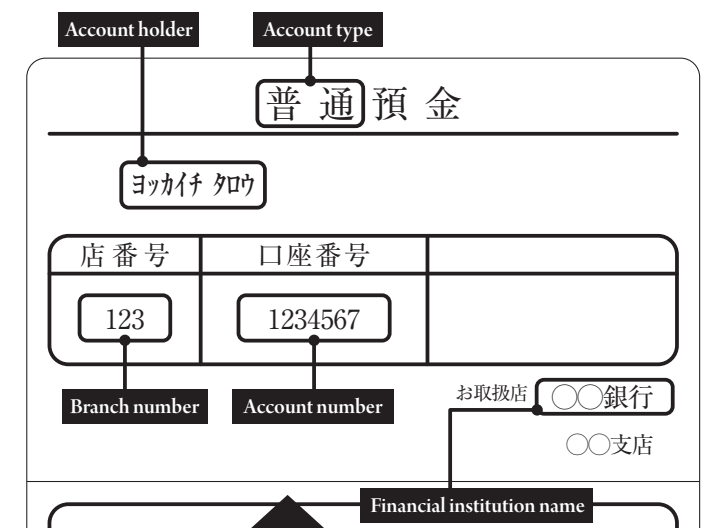
Example of a passbook photocopy (in the case of Japan Post Bank)



Please make a photocopy so that the "account code," "account number," and "account holder" are clearly visible.

- Please make photocopies of your identity verification document and the passbook of the financial institution account on A4 size paper (portrait).
- Please do not cut out the photocopied documents; fold the A4-sized photocopies in thirds or fourths, and return them in the return envelope together with the Confirmation Form.

Example of a passbook photocopy (for institutions other than Japan Post Bank)



Please make a photocopy so that the "financial institution name," "deposit type," "account holder," "branch number," and "account number" are clearly visible.