

Application for Issuance of Certificate (Related to Municipal/Prefectural Tax)

To the Mayor of Shiki city

☆ Fill in the following items 1

※ You can apply for up to 2 people

Application date: Year **2024** Month **6** Day **6**

1. Whose certificate do you need?

Address	As of January 1st	1	1-1-1 Nakamuneoka , Shiki	2 <input checked="" type="checkbox"/> Same as left (If same, check box)	, Shiki city
	As of now	<input checked="" type="checkbox"/> Same as above (If same, check box)		<input checked="" type="checkbox"/> Same as above (If same, check box)	
Furigana					
Name (or name of the corporate body)			Taro Yamada		Hanako Yamada
Date of birth		Year 1970 Month 11 Day 10		Year 1972 Month 10 Day 26	
Relationship		Self Spouse • Child • Parent • Grandparent • Other ()		Self Spouse • Child • Parent • Grandparent • Other ()	

2. Which certificate do you need?

- ☒ Taxation Certificate/Non Taxation Certificate
- ☐ Business Certificate of a Corporation 【Representative :
- ☐ Other ()

4. Which year and how many copies do you need?

Fiscal year of **2024** **1** copie(s) for each person (200 yen per copy)

(Certifies the income of **2023**)

※A certificate for a certain fiscal year certifies the income of the previous

5. Where are you going to submit the certificate(s)?

- ☒ Workplace ☐ Banking institution ☐ Pension/insurance ☐ Immigration office ☐ Public health center
- ☐ School (except special support school) ☐ Nursery school ☐ Public housing office
- ☐ Special support school ☐ Public office ☐ Other ()

3 Who is submitting this application?

- ☒ The person to be -- Present your ID (driver's licence, basic resident registration card, health insurance card, etc.) upon submission.
- ※Contact number (which you can be reached at during the day):

090 (1234) 5678

- ☐ Person who lives with the person to be certified

-- Person who submits this application needs to present their ID upon submission (driver's licence, basic resident registration card, health insurance card, etc.).

- ☐ Other

-- Person who submits this application also needs to submit a copy of their ID and a proxy letter.

Address	<input type="checkbox"/> If same as the person to be certified, check box.
Name	()
Contact number	※Phone number you can be reached at during the

※ ID confirmation space for municipal office use

- Driver's licence (public safety -
- Basic resident registration card • Individual number
- Health insurance card, pension book (
- Resident card (
- Claimant certificate for social welfare
- Cash card • Patient registration card
- Other ()

issuing number	number of applications	fees	person in charge	confirmatio
		yen		