## Application for Issuance of Certificate (Related to Municipal/Prefectural Tax) ★ Fill in the following items 1 - 5.

To the Mayor of Shiki city

| 1. Whose certificate do you need?   **You can apply for up to 2 peo  |                         |   |                                       |            |   | Application   | date: Year             | Mo        | nth                 | Day         |  |
|--|-------------------------|---|---------------------------------------|------------|---|---|------------------------|-----------|---------------------|-------------|--|
| Address  | As of<br>January<br>1st | 1   | , Shiki                               | 2          | □ Same  | e as left (If   | same, che              | ck box)   | , S                 | hiki city   |  |
|  | As of now               | ☐ Same as above (If same, check box)  |                                       |            | ☐ Same as above (If same, check box)  |   |                        |           |                     |             |  |
| Furigana   |                         |   |                                       |            |   |   |                        |           |                     |             |  |
| Name (or name of the corporate body)   |                         |   | , , , , , , , , , , , , , , , , , , , |            |   |   | 8                      | ř II      |                     | V           |  |
| Date of birth  |                         | Year Month Day  | у                                     | Year       | r   | Mont  | h                      | Day       |                     |             |  |
| Relationship   |                         | Self • Spouse • Child • Parent • Grandparen   | t • Other (                           | Self       | • Spouse  | · Child ·   | Parent • Gr            | andparent | Other (             | )           |  |
| 2. Which certificate do you need?  |                         |   |                                       |            | ear and how many copies do you need?  |   |                        |           |                     |             |  |
| Taxation Certificate/Non Taxation Certificate Fiscal yea   |                         |   |                                       |            |   |   |                        |           |                     |             |  |
| 2.1  | Business Cert           | (Certifies the in   | ncome o                               | f          | copy  | y)  |                        |           | 15.                 |             |  |
|  | Other (                 |   | ,                                     |            | *A certificate for a certain fiscal year certifies the income of the previous |   |                        |           |                     |             |  |
|  | Other (                 | 5. Where a  |                                       |            | re you going to submit the certificate(s)?                                    |   |                        |           |                     |             |  |
| 3 Who is s   | submitting th           | Banking institution Pension/insurance Immigration office Nursery school cept special support school) Public health center Public housing office |                                       |            |   |   |                        |           |                     |             |  |
| 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): |                         |   |                                       |            | Public office Other ( )  ** ID confirmation space for municipal office use    |   |                        |           |                     |             |  |
| Person who lives with the person to be certified  Person who submits this application needs to present their I (driver's licence, basic resident registration card, health insuran                   |                         |   |                                       |            | nce card, etc.). •Resident card (   |   |                        |           |                     |             |  |
|  | Other F                 | Person who submits this application also needs to submit a copy of their ID and   |                                       |            | y letter.   | Claimant certificate for social welfare     Cash card     Patient registration card |                        |           |                     |             |  |
|  | Adrress                 | $\square$ If same as the person to be certified, check box.   | =                                     | •Other (   |   |   |                        |           |                     |             |  |
| >  | Name                    | (   | e e                                   | )          | issuin  | g number  | number of applications | fees      | person in<br>charge | confirmatio |  |
|  | Contact number          | *Phone number you can be reached at during the  |                                       | (5.<br>(4. |   |   |                        | yen       |                     |             |  |