**Application for Issuance of Certificate of Payment of Tax**

□クレジットカード

電子マネー( )

□ＱＲ( )

受付時間　　 時　　分

To the Mayor, Higashihiroshima City

Date: / /

Applicant (the person who comes to the counter) ※ If the applicant is a proxy other than from the same household, a Letter of Attorney is needed.

|  |  |  |
| --- | --- | --- |
| Address |  |  |
| Name |  |
| Name and occupation of representative |  | If a corporation, the stamp of the representative |
| Telephone number | （　　　　　）　　　　　　― |

Taxpayer (the person who requires the certificate(s))

* Same as the Applicant (it is not necessary to complete the section for ‘Taxpayer)

|  |  |  |  |
| --- | --- | --- | --- |
| Address | * Same as above | | |
| Furigana  Name |  | Corporate number |  |

* If applying for a certificate of payment of light vehicle tax (for inspections of light vehicles), it is not necessary to fill in the corporate number.　　Date of birth　　　　/　　　/

Content of application (which certificates are needed?) 　Please tick the boxes □ which apply.

|  |  |  |
| --- | --- | --- |
| Item | Financial Year | Copies |
| * Residence tax (municipal, prefectural tax) | 〜 financial year |  |
| * Corporate residence tax | 〜 financial year |  |
| * Fixed asset/City planning tax | 〜 financial year |  |
| * Light vehicle tax | 〜 financial year |  |
| * Light vehicle tax (for inspections of light vehicles) | Vehicle number |  |
| * National Health Insurance payments | 〜 financial year |  |
| * For year-end adjustment or declaration (National Health Insurance payments) | year |  |
| * 〃　(Long-term care insurance payments) | year |  |
| * 〃　(Payments for the medical-care system for the latter-stage elderly) | year |  |

|  |
| --- |
|  |
| 個人番号確認 |
| * 個人番号カード |
| * 通知カード |
| * その他（　　　　　　　　） |
| 本人確認書類 |
| * 免許証　　□　保険証 |
| * その他（　　　　　　　　） |
| 委任状 |
| * あり　　　□ なし |

* Please only fill in the sections within bold lines.

|  |  |
| --- | --- |
| 決裁交付 | 年　　月　　日 |
| 証明書番号 | 第　　　　　　　　　号 |

上記のとおり請求します。

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 課　長 | 課長補佐 | 係　長 | 担当者 | 件数 | 手数料 |
|  |  |  |  | 件 | 円 |