

# Application for Issuance of Certificate of Payment of Tax

To the Mayor, Higashihiroshima City

Date:        /        /

<input type="checkbox"/> クレジットカード
電子マネー(        )
<input type="checkbox"/> QR(        )
受付時間        時        分

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		If a corporation, the stamp of the representative
Name		
Name and occupation of 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	<input type="checkbox"/> 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
<input type="checkbox"/> Residence tax (municipal, prefectural tax)	~ financial year	
<input type="checkbox"/> Corporate residence tax	~ financial year	
<input type="checkbox"/> Fixed asset/City planning tax	~ financial year	
<input type="checkbox"/> Light vehicle tax	~ financial year	
<input type="checkbox"/> Light vehicle tax (for inspections of light vehicles)	Vehicle number	
<input type="checkbox"/> National Health Insurance payments	~ financial year	
<input type="checkbox"/> For year-end adjustment or declaration (National Health Insurance payments)	year	
<input type="checkbox"/> " (Long-term care insurance payments)	year	
<input type="checkbox"/> " (Payments for the medical-care system for the latter-stage elderly)	year	

※ Please only fill in the sections within bold lines.

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決 裁 交 付	年    月    日
証 明 書 番 号	第        号

課 長	課長補佐	係 長	担当者	件数	手数料
				件	円

個人番号確認
<input type="checkbox"/> 個人番号カード
<input type="checkbox"/> 通知カード
<input type="checkbox"/> その他(        )
本人確認書類
<input type="checkbox"/> 免許証 <input type="checkbox"/> 保険証
<input type="checkbox"/> その他(        )
委 任 状
<input type="checkbox"/> あり <input type="checkbox"/> なし