

Application for Issuance of Certificate of Payment of Tax

(Proof that there are no tax arrears)

<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

Date: / /

To the Mayor, Higashihiroshima City

Applicant

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

Taxpayer

Address	
Corporate Number	
Name	

Purpose of use

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I wish to apply for the item(s) below, to be used for the purpose above.

There are no arrears with regards to city taxes that should have been paid before the date shown (YY/MM/DD: / /) (excluding those that have been deferred from collection pursuant to the provisions of Article 15-4 and Articles 601-2 to 603-2 of the Local Tax Act).
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上記のとおり証明してよいでしょうか

課長	課長補佐	係長	担当者	件数	手数料
				件	円

番号確認書類
<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 ()