

SAMPLE

市県税・県民税等所得・課税(非課税)証明書交付申請書
Application for Certificate of Income and Taxation

- The tax income certificate is available from up to five (5) years prior, *including the current fiscal year*.
○ The individual submitting this application must show proof of identity at the information desk.

◎Please fill in the bold sectioned areas.

Date of submission: 年 月 日

Your Information (Applicant submitting this form) ※1		Current Address:
		TEL () -
		Furigana: Full Name (Last, First, Middle): Date of Birth (circle 西暦, YYYY年 MM月 DD日) (大・昭・平・令・西暦 年
		Relationship to the person whose information is requested: <input type="checkbox"/> Same <input type="checkbox"/> Other ()

※1 If a proxy is applying on your behalf, an Authorization of Proxy letter is required. The certificate will show your income from January through December of the previous year.

Whose information is required?	Current Address: <input type="checkbox"/> Same as above			
	Address within Kobe City as of January 1 of this year: <input type="checkbox"/> Same as above			
	<input type="checkbox"/> Myself (Applicant) <input type="checkbox"/> Someone other than the applicant (Please specify below) Relation: _____	Furigana: _____ Full Name (Last, First, Middle): _____ Date of Birth (circle 西暦, YYYY年 MM月 DD日) (大・昭・平・令・西暦 年 月 日生)	What fiscal year's certificate? 令和 年度 (FY Reiwa ____)	How many copies? 通
			令和 年度 (FY Reiwa ____)	通
Additional relative(s) whose information is required: (Must be in the same household as above individual) ※2	Relation: _____	Furigana: _____ Full Name (Last, First, Middle): _____ Date of Birth (circle 西暦, YYYY年 MM月 DD日) (大・昭・平・令・西暦 年 月 日生)	令和 年度 (FY Reiwa ____)	通
			令和 年度 (FY Reiwa ____)	通
	Relation: _____	Furigana: _____ Full Name (Last, First, Middle): _____ Date of Birth (circle 西暦, YYYY年 MM月 DD日) (大・昭・平・令・西暦 年 月 日生)	令和 年度 (FY Reiwa ____)	通
			令和 年度 (FY Reiwa ____)	通

※2 May only be received with the consent of individual(s) in question. In the case of any doubt, we may confirm directly with said individual(s).

Intended purpose(s) for obtaining the tax certificate:	<input type="checkbox"/> Financing <input type="checkbox"/> Guarantor <input type="checkbox"/> Public Housing <input type="checkbox"/> Dependent Certificate・Workplace <input type="checkbox"/> Health Insurance・Pension <input type="checkbox"/> Health and Welfare <input type="checkbox"/> School・Daycare
	<input type="checkbox"/> Visa Application <input type="checkbox"/> Other (please specify) (_____)
Income Tax Deductions:	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable ※Please check <input type="checkbox"/> "Not Applicable" only if you do not need to indicate the amount of income deductions or the number of dependents. If you do not check <input type="checkbox"/> THER box, the certificate will include the amount of income deductions and/or the number of dependents.

-----FOR WARD OFFICE USE ONLY. Do not fill in the section below.-----

証明件数 件	証明手数料 円	受付	作成	審査	交付	本人確認 <input type="checkbox"/> 運転免許証 <input type="checkbox"/> 個人番号カード <input type="checkbox"/> パスポート <input type="checkbox"/> 障害者手帳 <input type="checkbox"/> 在留カード <input type="checkbox"/> その他 ()	<input type="checkbox"/> 健康保険証 <input type="checkbox"/> 年金手帳 <input type="checkbox"/> 通帳・カード <input type="checkbox"/> 社員証 <input type="checkbox"/> その他 ()

委任状 Authorization of Proxy

Date of Submission: 年 月 日

本人（証明の必要な方） [Individual whose information is required]

住所 / Address

氏名 Full Name (Last, First, Middle)

(If not handwritten by the individual:
please stamp here with said individual's
personal stamp.)

生年月日 / Date of Birth (Circle 西暦, YYYY年MM月DD日)

大・昭・平・令・西暦 年 月 日

電話番号 / TEL

下記の者に税務証明書の請求を委任します。

I authorize the following person (proxy) to request a tax certificate on my behalf:

代理人（証明を取りに来られる方） [Proxy Representative for the Individual]

住所 / Address

氏名 Full Name (Last, First, Middle)

生年月日 / Date of Birth (Circle 西暦, YYYY年MM月DD日)

大・昭・平・令・西暦 年 月 日

※ The individual whose information is required must fill out the document by hand, or stamp the form to authorize its authenticity with their personal stamp (*inkan*).

※ The proxy representative will have to present a form of ID when submitting this document.

※ Falsified proxy authorization via forgery or other wrongful means is subject to the penalty for forgery of a power of attorney. (Articles 159 and 161 of the Penal Code)