



納税管理人選定(変更)申告書

NOTIFICATION OF APPOINTMENT/CHANGE OF TAX PAYMENT PROXY

神戸市市税事務所長 宛
To the Director General of the Kobe City Municipal Tax Office,

納税者又は 特別徴収義務者 Taxpayer or person subject to special collection	住所 Address	
	氏名又は名称 Name or Company	(Katakana) (Latin Alphabet)
	個人番号又は法人番号 Individual or Corporate Number	This number is not required, but if you know it, please provide it here.
	(個人の場合)生年月日 DOB (for individuals) (YYYY/MM/DD)	
納税管理人 Tax Payment Proxy	住所 Address	
	氏名又は名称 Name or Company	(Katakana) (Latin Alphabet)
	(法人の場合)担当者の氏名 Representative (for companies)	
	電話 Tel.	
	(個人の場合)生年月日 DOB (for individuals) (YYYY/MM/DD)	

納税管理人に管理させる税目 Taxes to be managed by the proxy	
変更に係る事項 Reasons for this change	e.g. changing the proxy's address, name, etc.
納税管理人を定める必要が生じた日 The date when the need for this appointment or change arose	e.g. the date when you had to change the proxy, departure date from Japan, the date when you acquired a new property, etc.
適用を開始する日 Appointment/change effective from:	The date from which you want this appointment or change to take effect.

神戸市市税条例 第 19 条の4第1項 の規定によって申告します。 I hereby file this notification in accordance with Article 19-4.1 of the Kobe City Ordinance on Municipal Tax.		
氏名(納税者又は特別徴収義務者) Signature (Taxpayer or person subject to special collection)	 (Seal)	Date: (YYYY/MM/DD)
In case of Municipal Residence Tax (Individual).		
納税管理人を承認しました。 I hereby consent to become the tax payment proxy for the aforementioned taxpayer.		
氏名(納税管理人となる人) Signature (Proxy)	 (Seal)	Date: (YYYY/MM/DD)
Required only for companies.		

[ABOUT THE TAX PAYMENT PROXY]

Individuals or legal entities that are obligated to pay municipal taxes but do not have a valid residential or business address in Kobe city should appoint a tax payment proxy, who will carry out tax-related procedures on their behalf. This person will receive your tax notices and then pay your taxes instead of you.