

# Application Form for Issuance of **Certification of Taxation/Non-taxation/Tax Payment** of Special Ward Inhabitants Tax, Metropolitan Inhabitants Tax and Forest Environment Tax

(To) Mayor of Itabashi

Reiwa      yr      mn      day

<b>① Applicant</b>	<b>Person making the application at the counter (We ask for your cooperation with ID verification)</b>	
	Current address	
	<i>Furigana</i>	
	NAME	TEL
	(Maiden name )	

A Letter of Proxy is required for applications by a proxy, different household family member, or household family member who has moved out of Itabashi.

- Income displayed will be for during previous year of the fiscal year of certification.
- Certificates cannot be issued for those who have not filed a tax return. Tax returns are accepted at the Taxation Section.

<b>② For whom is the certificate required?</b> (You may fill in up to three names if same household)	<b>Address as of 1st January in fiscal year of certification</b>		<input type="checkbox"/> Same as applicant		Itabashi	
	<b>Current address (if different from Itabashi address above)</b>		<input type="checkbox"/> Same as applicant		<b>KEY</b>	
	TEL <input type="checkbox"/> Same as applicant		<input type="checkbox"/> Same as applicant			<b>Application details</b>
	<i>Furigana</i>					
	NAME			1. Tax (Non-tax) 2. Tax pay		
	D.O.B.	T / S / H/ R      yr      mn      day	Fiscal year ____	(Income for previous year)      copies	1. Tax (Non-tax) 2. Tax pay	
	Relation to applicant	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Same household family member (please specify: ) <input type="checkbox"/> Proxy	Fiscal year ____	(Income for previous year)      copies	1. Tax (Non-tax) 2. Tax pay	
	Remarks			Fiscal year ____	(Income for previous year)      copies	1. Tax (Non-tax) 2. Tax pay
	<i>Furigana</i>			Fiscal year ____	(Income for previous year)      copies	1. Tax (Non-tax) 2. Tax pay
	NAME			Fiscal year ____	(Income for previous year)      copies	1. Tax (Non-tax) 2. Tax pay
	D.O.B.	T / S / H/ R      yr      mn      day	Fiscal year ____	(Income for previous year)      copies	1. Tax (Non-tax) 2. Tax pay	
	Relation to applicant	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Same household family member (please specify: ) <input type="checkbox"/> Proxy	Fiscal year ____	(Income for previous year)      copies	1. Tax (Non-tax) 2. Tax pay	
	Remarks			Fiscal year ____	(Income for previous year)      copies	1. Tax (Non-tax) 2. Tax pay
	<i>Furigana</i>			Fiscal year ____	(Income for previous year)      copies	1. Tax (Non-tax) 2. Tax pay
	NAME			Fiscal year ____	(Income for previous year)      copies	1. Tax (Non-tax) 2. Tax pay
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Relation to applicant	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Same household family member (please specify: ) <input type="checkbox"/> Proxy	Fiscal year ____	(Income for previous year)      copies	1. Tax (Non-tax) 2. Tax pay		
Remarks			Fiscal year ____	(Income for previous year)      copies	1. Tax (Non-tax) 2. Tax pay	

<b>③ Intended use</b>	Public financial corporation/bank etc. loan Public/UR housing Immigration Bureau Child allowance Education assistance Nursery/kindergarten Allowance application Medical costs aid Independence support Elderly/disability/ infant medical costs Elderly recipient certificate Pension Tuition fees grant/exemption Scholarship application...③ Silver Pass...⑦	
	Other ( )	
	<ul style="list-style-type: none"> <li>• Income amount only...①</li> <li>• Breakdown of income...②</li> <li>• Breakdown of income and income tax deductions...③</li> <li>• Breakdown of income and income tax deductions, names of family dependents...⑥</li> </ul>	

**Please inform staff if you are in receipt of any of the following:**

- Public livelihood assistance
- Support benefits (for war-displaced Japanese left behind in China etc.)
- Tokyo physical disability dependent's allowance (pension), mutual aid system, Tokyo severe physical disability allowance

職員記入欄 (本人確認)	<input type="checkbox"/> 運転免許証 <input type="checkbox"/> 運転経歴証明書 <input type="checkbox"/> 住基カード(写真付) <input type="checkbox"/> 旅券 <input type="checkbox"/> 保険証 <input type="checkbox"/> 在留カード(外登証) <input type="checkbox"/> 身体障害者手帳等 <input type="checkbox"/> 年金手帳 <input type="checkbox"/> 介護保険被保険者証 <input type="checkbox"/> 医療証 <input type="checkbox"/> 診察券 <input type="checkbox"/> カード <input type="checkbox"/> 聴聞 <input type="checkbox"/> 個人番号カード <input type="checkbox"/> その他( )	合計発行枚数	受付	手数料収納
		枚	照合	