

Contact Number

Mitsuboshi Motohito, Mayor of Anjo city  
(Official seal not required)

FY 2024 Adjustment Benefit Payment Confirmation Undertaking

You will be eligible for the payment based on the taxation information of your income tax (estimated) for FY 2024 and your municipal and prefectural taxes for FY 2024, so we will inform you of the expected payment amount as follows.

1 Calculation formula and amount of adjustment benefit

Income tax portion	Amount eligible for fixed amount tax reduction (30,000 yen x (the individual + number of dependents))	Estimated income tax amount for 2024	Shortfall in deduction ①
	<div><div></div>Yen</div> − <div><div></div>Yen</div> = <div><div></div>Yen</div> (0 if < 0)		
Municipal and prefectural taxes on income	Amount eligible for fixed amount tax reduction (10,000 yen x (the individual + number of dependents))	Municipal and prefectural taxes on income for FY 2024	Shortfall in deduction ②
	<div><div></div>Yen</div> − <div><div></div>Yen</div> = <div><div></div>Yen</div> (0 if < 0)		
Adjustment benefit payment amount	Shortfall in deduction of income tax ①	Shortfall in deduction ② of municipal and prefectural taxes on income	Total shortfall in deduction ③ (① + ②)
	<div><div></div>Yen</div> + <div><div></div>Yen</div> = <div><div></div>Yen</div>		
			Adjustment benefit payment amount (Above ③ are rounded up to the nearest 10,000 yen)
			<div><div></div>Yen</div>

Note) "Number of dependents" includes spouse eligible for deduction and dependents under the age of 16.

\* The figures in the "Estimated income tax amount for 2024" column are estimated amounts based on income for 2023, etc., which are currently available. If there is a shortfall in the benefit amount when the income tax amount for 2024 is determined, the shortfall will be additionally provided in 2025 and thereafter.

\* For those who are moving out or have moved out of Anjo City during 2024, please make a copy (photocopy) of this confirmation undertaking and keep it in a safe place, as the municipality to which you are moving may require this confirmation when providing additional benefits.


\* If the information entered is not true, you may be asked to return the benefits.

\* If you intentionally make a false entry, you may be charged with fraud for fraudulent receipt of benefits.

To: Mayor of Anjo City  
I have no objection to the above.

Name	(Furigana)	Date of confirmation	Reiwa 6 (2024)	Telephone Number
			MM DD	

\* Your signature is required if you choose the method of receipt described in ② ❷.



・「安城市令和6年度調整給付金」に関するお知らせを翻訳したものは、左記QRコードよりご確認下さい。

・ Check the QR code on the left for information about "Anjo City FY2024 Benefit Adjustment" for foreigners.

・ 请扫描左侧二维码，查看关于“安城市2024年度 调整补助金”的通知（外国人版）。

・ Suriin mula sa QR code sa kaliwa ang karagdagang impormasyon para sa mga dayuhan, ukol sa 「Adjusment Benefit ng Anjo City para sa ika-6 taon ng Reiwa (2024)」.

・ Vui lòng quét mã QR bên trái để xem thông báo liên quan đến "Tiền trợ cấp điều chỉnh năm 2024 Thành phố Anjo " dành cho người nước ngoài.

・ Confira as informações sobre o "Benefício de Ajuste do município de Anjo ano fiscal 2024" através do código QR à esquerda

※QRコードは㈱デンソーウェブの登録商標です。

2 Acceptance method

1 Online Application

\* Please apply by Thursday, October 31, 2024.

\* If you apply online, you do not need to return this confirmation undertaking.

Click here for online application



2 Return of confirmation undertaking

\* Please return this confirmation undertaking and identification documents by Thursday, October 31, 2024 (postmark valid).

I wish to receive benefits as follows.

\* The benefit will be transferred after review.

Please put "✓" in the corresponding check box (☐) for the benefit receiving method.

Would like to receive the benefits

☐ Check

I wish to have the benefit transferred to a public funds account registered in the applicant's name on MyNa Portal, etc.

\* The public funds account must be registered through MyNa Portal, etc.

\* You do not need to submit a copy of the document that confirms the account to receive the money as described in ③ ❸.

☐ Check

I would like the benefit to be transferred to the account below.  
(Name of applicant)

Please fill in either one

Financial institutions other than JAPAN POST BANK Co., Ltd.

Name of the Financial institution

Financial Institution Code

Head office/branch name

Branch Code

Deposit Type

☐ Ordinary account ☐ Current account

Account number (right-justified)

Account name (Kana)

JAPAN POST BANK Co., Ltd.

Passbook Code Number (If there is a 6th digit, fill in the column marked as \*)

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Passbook number (right-justified)

Nome do titular (escrever em katakana)

If you are unable to open an account or have other unavoidable circumstances, please contact the call center (until October 31: 0566-77-1525) in advance.

Does not want to receive the benefits

☐ Check

I decline to receive the benefits.

3 Documents to be submitted

1 Adjustment Benefit Payment Confirmation Undertaking (main form)

\* Please fill in the required information (name, date of confirmation, contact telephone number, etc.).

2 Copy of the document confirming the identity of the applicant (representative)

\* Attach a copy of the person's driver's license, health insurance card, My Number Card (front side), pension book, nursing insurance card, passport, etc. to the separate personal identification document.


3 Photocopy of document that can verify the account to receive the amount

\* Attach a copy of passbook, cash card, or other document that verifies the name of the financial institution, account number, and account holder of the account, to the personal identification document attachment sheet.

\* Are there any omitted fields, unchecked fields or are the documents to be submitted incomplete? (You will not be able to receive the benefit if there any omitted fields, unchecked fields or if the documents to be submitted are incomplete.)

For those who have not registered a public fund account

If you have your My Number card, you can easily register a public funds account through MyNa Portal. Registration is not a requirement for receiving benefits.



(What is the public funds account system?)  
This is a system whereby citizens register an account with the Digital Agency to receive benefits and other payments.  
When applying for emergency benefits, etc. in the future, it will no longer be necessary to enter account information on the application form or attach a copy of your passbook, etc.

Due to unavoidable reasons, if you wish to receive the money into an account other than your own account, please fill in the alternate beneficiary's field below.

Please contact the call center (until October 31: 0566-77-1525) for details.

Alternate beneficiary	Alternate beneficiary's name	Relationship with the individual	Proxy Date of Birth	Alternate beneficiary's address	
	(Furigana)		Taishō Shōwa Heisei	Telephone Number ( )	
		YY MM DD			
	With regards to benefits, I confirm the above person as an alternate beneficiary and entrust the person with 1 Confirmation 2 Receipt of benefit 3 Confirmation and receipt of benefit			←If you are a legal alternate beneficiary, you do not need to furnish the details of delegation.	Name of the applicant
Reason for delegation					