Contact Number					

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

Confirmation of Payment of Adjustment Benefits for FY2025 (Shortfall Benefits)

You will be eligible for the payment based on the taxation information of your income tax (actual tax amount) for FY2024 and your residential taxes (municipal and prefectural taxes) for FY2024. We will inform you of the expected payment amount as follows.

Calculation formula and amount of adjustment benefit

If shortfall benefit 1 is applicable	Shortfall in deduction ① of income tax for FY2024	Shortfall in deduction ② of municipal tax income-based portion for FY2024	Total shortfall in deduction ③ (① + ②)
Required amount in 2025	Yen -	+ Yen =	Yen
	Note) "Deduction shortfall" refers fully deducted from the fixed tax re		Required amount 4 in 2025 (Above 3 are rounded up to the nearest 10,000 yen)
			Yen
If shortfall benefit 1 is applicable		Adjustment benefit (initial benefit) Payment amount (FY2024)	Payment Amount for Adjustment Benefit (Shortfall Benefits)
Payment amount	Yen -	Yen =	Yen
If the shortfall benefit 2 is applicable	Required income tax amount for FY2024	Required municipal tax amount for FY2024	Payment Amount for Adjustment Benefit (Shortfall Benefits)
Payment amount	Yen -	+	Yen

*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.

Call center

Anjo City Adjustment Benefit Call Center (Conference Room 6, Anjo City Hall Central Building, 3rd Floor) 0556-89-2943

Until November 28, 2025 (Friday) Reception hours: 9:00-17:00 (Excluding Saturdays, Sundays, and

- 「定額減税しきれない方へ 調整給付金(不足額給付)」に関するお知らせを翻訳したものは、左記QRコードよりご確認ください。
- · Please use the QR code on the left to access the translated notice regarding the "Adjustment Benefits (shortfall benefit amount) for those who are unable to receive fixed-amount tax reduction". ·请扫描左侧的二维码查看关于"面向定额减税未足额减免人群的调整补助金(不足额部分补助)"的通知的翻译文件。
- · Suriin mula sa QR code sa kaliwa upang tingnan ang isang isinaling bersyon ng paunawa patungkol sa "Adjustment Benefit (Mga Kakulangan sa Pagbabayad) para sa hindi makakabawas sa fixed-amount tax reduction."
- · Vui lòng quét mã QR ở bên trái để xem bản dịch của thông báo liên quan đến "Tiền trợ cấp điều chình (trợ cấp phần còn thiếu) dành cho những người chưa được giảm đủ thuế theo mức cố định". · Veja o código QR à esquerda para obter a versão traduzida do aviso sobre "Benefício de ajuste (Pagamento do valor faltante)" voltado aos que não puderam receber a redução fixa do imposto.

※QRコードは㈱デンソーウェーブの登録商標です。

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How to apply (use either method **1** or **2** below).

Online Application

*Make sure to apply by October 31, 2025 (Fri).

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



Contact Number

2 Return of confirmation undertaking

*If using this confirmation form, please return it with identification documents by October 31, 2025 (Fri) (postmark valid).

*Separate the left side of this paper and retain it for your records.

To: Mayor of Anjo City

I have no objection to the information given on the left.

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•	(Furigana)	20 50 20	25			one er	
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1	I hereby apply for receipt of benefits as follows. *The benefit will be transferred after review. Please put a check (✓) in the corresponding check box (□) regarding the receipt of benefit							
	Check	I would like the benefit to be transferred to the account below. (Name of applicant)						
	Name of the Financial institution							
e D	Financial Institution Code							
l Accept	Head office/branch name							
	Branch Code							
	Deposit Type	Ordinary account Current account (right-justified)						
	Account nam (Kana)	е						
I Decline	Check	I decline to receive the benefits.	If you do not have a bank account available or have another similar issue, please contact the call center (0566-89-2943) to proceed.					

Documents to be submitted

Confirmation Form (this document)

Please fill in the required information (name, date of confirmation, telephone number, bank account for acceptance).

Copy of Identity Verification Documents

(In case of application by proxy, the same documents are required for the proxy)

Attach a copy of either applicant's driver's license, My Number Card (front side), health insurance card, residence card, pension book, nursing insurance card, passport, or other identifying document to the separate form for attaching personal identification documents.

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

Attach a copy of a document that verifies the name of the financial institution, account number, and account holder of the account, to the separate form for attaching personal identification documents.

*Make sure there are no missing fields, missing checkmarks or missing documents before submitting. You will not be eligible for this benefit if any

If you wish to receive the money into an account other than your own account due to unavoidable circumstances, please fill in the alternate beneficiary's field below. Please contact the call center (0566-89-2943) if you have any further questions.

>	Alternate beneficiary's name	Relationship with the individual	Proxy Date of Birth			Alternate beneficiary's address		
Iternate beneficiar	(Furigana)		Taishō Shōwa Heisei		isei			
			YY	MM	DD	Telephone Number ()	
	With regards to benefits, I confirm the above person at a confirmation 2. Receipt of benefit 3. Confirmation and receipt	neficiary and entru If you are a legal beneficiary, you furnish the detail	alternate	d to	Name of the applicant Name and seal or signature	Seal Seal		
Alt	Reason for							

