

Examples in Filling Out this Form

When inquiring by phone, tell the operator **your contact number**.

Contact Number

otohito, 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 fixed amount taxes) for FY2024. The payment amount is calculated as follows.

See the notification section on the back of this form for a list of **persons eligible for this benefit**.

Calculation formula and amount of adjustment benefit

If shortfall benefit 1 is applicable Required amount in 2025	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)
	<input type="text"/> Yen	<input type="text"/> Yen	<input type="text"/> Yen
	Note) "Deduction shortfall" refers to the amount that cannot be fully deducted from the fixed tax reduction.		
	Required amount ④ in 2025 (Above ③ are rounded up to the nearest 10,000 yen)		
	<input type="text"/>		
If shortfall benefit 1 is applicable Payment amount	Required amount ④ in 2025	Adjustment benefit Payment amount (FY2024)	(Shortfall Benefits)
	<input type="text"/> Yen	<input type="text"/> Yen	<input type="text"/> Yen
If the shortfall benefit 2 is applicable Payment amount	Required income tax amount for FY2024	Required municipal tax amount for FY2024	Payment Amount for Adjustment Benefit (Shortfall Benefits)
	<input type="text"/> Yen	<input type="text"/> Yen	<input type="text"/> 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 holidays)



・「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“面向定額減税未足額減免人群的調整補助金（不足額部分補助）”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 chỉnh (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コードは税デンソーウェブの登録商標です。

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

① Online Application

*Make sure to apply by October 31, 2025 (Fri).
*If you apply online, you do not need to return this confirmation form.

Click here for online application



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

When applying by returning the confirmation form, make sure to fill in **your name, confirmation date, and phone number**.

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

Name	(Furigana) Anjou Tarou	Date of confirmation	2025	Telephone Number	0566-〇〇-〇〇〇〇
	安城 太郎		〇 MM 〇 DD		

I Add a check mark to one of the two options.
*Choose only one

Please put a check (✓) in the corresponding check box (□) regarding the receipt of benefits.

I Accept	<input checked="" type="checkbox"/> Check	I would like the benefit to be transferred to the account below. (Name of applicant)	
	Name of the Financial institution Anjo Bank		
	Financial Institution Code 1 2 3 4		
	Head office/branch name Sakuracho Branch		
	Branch Code 1 2 3		
	Deposit Type <input checked="" type="checkbox"/> Ordinary account <input type="checkbox"/> Current account		
Account number (right-justified) 1 2 3 4 5 6 7			
Account name (Kana) Anjou Tarou			
Decline	<input type="checkbox"/> 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.	

When using a Japan Post account, enter the account number for receiving transfers.
*Check the bank information page of your bankbook to confirm your account for receiving transfers.

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 information is missing.

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	Alternate beneficiary's name	Relationship with the individual	Proxy Date of Birth	Alternate beneficiary's address	
	(Furigana)		Taishō Shōwa Heisei		
			YY MM DD	Telephone Number ()	
	With regards to benefits, I confirm the above person as an alternate beneficiary and entrust the person with			Name of the applicant	
	1. Confirmation 2. Receipt of benefit 3. Confirmation and receipt of benefit			Name and seal or signature of the applicant	
	Reason for delegation				