

Payment Requirements Confirmation Form for Rising Cost of Living Priority Payment for Resident Tax Exempt Households in Tokorozawa City Example of how to fill out the form

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Based on the taxation circumstances of your inhabitant tax in 2023, you are qualified for the Rising Cost of Living Priority Payment for Resident Tax Exempt Households under certain circumstances. The following is the amount of your benefits.

Please check the following information and **send the form back to us by October 31, 2023.**

A

Payment method Money transfer via bank account

Payment bank account ○○ (Bank), ○○ (Branch), Saving ****000 (Account holder*****)

Payment amount 30,000 yen

You are unable to change this information.

- If you wish payment to be made to a different account
- If “No bank account information provided” is shown.

➔ Please complete columns D and E.

※You will be informed of the payment date through the Benefit Determination Notice after a review.
 ※The above payment account information has been entered based on information for the bank account used for payment of the FY2022 Rising Cost of Living Priority Payment for Resident Tax Exempt Households. Bank accounts stipulated for proxy receipt of payment are not shown.

■ Must be provided by the head of household.

B Checklist (Check the following items and select (with checkmark “√”) the checkboxes (□).)

<input checked="" type="checkbox"/>	① Not a household comprising persons receiving support from relatives, etc., who are required to pay resident tax.
<input checked="" type="checkbox"/>	② None of the household members have declared their income even they have income subject to inhabitant tax.

Check the items ① and ②, and select (with checkmark “√”) the checkboxes if applicable to you.
Please note that you are only eligible for payment if you tick both items 1 and 2.

※Only those who do have checkmarks in both ① and ② are considered eligible and entitled to receive the benefits. (Missing any of the checkmarks means you are not entitled and cannot receive the benefits.)
 ※You are not eligible for payment if your household has received notification of exemption from paying resident tax under a tax treaty. If you do not know whether you are receiving support in terms of handling of resident tax, please check with your parent (s), child/children, or other relatives.
 ※False confirmation may result in calling for the return of the benefits.
 If you intentionally make a false confirmation, you may be charged with fraud as a fraudulent recipient of benefits.
 ※If you do not return the form by the due date indicated above, you will be deemed to have declined the benefits.

※If you have no intention of receiving the benefits, select (with “x”) the right checkbox. 【My household has no intention of receiving the benefits. 】

If you select here (with “x”), you will be ineligible for benefits.

C Be sure to provide the confirmation date, name of the head of household, and accessible contact telephone number.

I hereby certify that the above information is true and correct to the best of my knowledge.

Date confirmed	August 1, 2023	
Name of the head of household	○○ TARO	Contact telephone number
		123 - 0456 - 7890

Please provide a **contact number where you can be reached during the day.**

If you are entitled to benefits and wish to receive them through the bank account specified in A, or if you are ineligible for benefits, the process to fill out the form completes here.

If you wish to receive benefits through a different account

■ Provide information only if you fall under any of the following.

- Wish to receive benefits through a different bank account from the one in A for a legitimate reason, such as the bank account specified in A has already been closed.
- The above payment bank account information in A is blank.

If you fall under the following, select (with “√”) the checkbox.

- If you wish payment to be made to an account other than that shown in Column A
- If “No bank account information provided” is shown in Column A

D Wish to receive benefits via the account specified in E below instead of the above specified bank account in A (or when the above bank account information in A is blank.)

※You must fill in the following fields, and attach G “personal identification document” and H “payment financial institution account confirmation document” for the recipient specified on the right.
 ※Please do not specify a bank account that has not had transactions for a long time.

Name of financial institution	Branch name	Account type	Account number ※Right align the field.	Account holder (Japanese pronunciation in Kana)	
				Account holder	
○○○ <small>1. Bank 2. Credit Association 3. Credit Union 4. Pref. Credit Feds. of Fishery</small>	▲▲▲ <small>Main/Branch office Main/Branch office Satellite bank</small>	1 Saving 2 Checking	1 2 3 4 5 6 7	Marumaru	Taro
				○○	太郎

Please enter the bank account to which you wish payment to be made

※If you are unable to open a bank account or receive benefits through a bank account at a financial institution, please contact the Tokorozawa Call Center for the Rising Cost of Living Priority Payment at 0120-600-621.
 ※If the confirmation is made by proxy, please fill out F “Proxy confirmation (benefits receiving)” on the right.

Points to note when entering information for the bank account to which you wish payment to be made

- ※Provide the same account information as in the account confirmation document attached on the right.
- ※If you wish to receive benefits through Japan Post Bank, provide the branch name, account type, and account number in the 銀行使用欄 (Bank Use) on the first opening page of the passbook, not the numbers under 記号 (Code Number) and 番号 (Account Number).
- ※Provide the name of the account holder (Japanese pronunciation in Kana) accurately as in your passbook.
 Example: Voiced sound marks and single-byte characters, such as “カゴシカ`イヤ” and “カ.”

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Proxy confirmation (benefits receiving)

■ If you make the confirmation to receive benefits by proxy

If you wish to make confirmation/receive benefits by proxy, provide the proxy information in the following section F.

Japanese pronunciation in Kana	Relationship to the head of household	Date of birth of the proxy	Address of the proxy
Proxy's name			
Marumaru Hanako ○○ 花子	Wife	Taisho/ Showa (Heisei) 3, August 31	1-1, ○○ Cho 1 Chome, ○○ City Telephone number 111 (2222) 3333
I hereby recognize the person stated above as my proxy and entrust this person with the confirmation and request of the special benefits. ← If the person is the legal representative, you need not choose an entrustment option.		Name of the head of household	Signature (or the name and seal)
		○○ 太郎	

※The name of the head of household refers to the name of the original person entitled to the benefits.
 ※If you are a legal representative, leave the Name of Head of Household column blank.

Points to note when entering information for proxy confirmation (benefits receiving)

- ※Fill in here **only** when a proxy makes the application on behalf of the eligible person who applies for/receives the benefits.
- ※Choose and circle the **range of entrustment (application/request/benefits receipt)**.
(It works as a letter of proxy.)
- ※Provide information in **B, C, D, and E on the left page** even for the application (benefits receipt) by proxy.
- ※The name of the head of household must be identical to the one specified in C. Also, if the signature cannot be obtained, the personal seal must be affixed.

If you wish payment to be made to another account, or in the case of proxy confirmation/benefits receiving

A personal identification document and **account confirmation document** **must** be submitted.

Please **copy** and paste the documents stipulated in columns G and H.

※Please note that submitted documents cannot be returned.

G Attach a copy of the personal identification document of the head of household (the proxy if the benefits are received by proxy).

※Provide if you wish to receive benefits via a different bank account from the one specified in A on the left or if a proxy makes the confirmation (receive benefits).

※If you are an adult guardian (conservator), in addition to identity verification documents you must also provide a copy of your Certificate of Registered Matters.

Examples of identification documents that can be attached ※One of the following

- A copy of the driver's license
- A copy of the My Number Card (front side)
- A copy of Basic Resident Registration Card
- A copy of the health insurance card
- A copy of the passport
- A copy of the residence card (with photo)
- A copy of the Special Permanent Resident Certificate (with photo)
- A copy of the pension handbook,

etc.

※The attached document will not be returned. Be sure to attach **a copy**.
(Do not submit the originals.)

Attach **a copy** of the **personal identification document of the head of household (the proxy if benefits will be received by proxy)** in the frame.

Notes

- Do not use a stapler.
- If the copy is not clear, it will not be accepted.
- If you are an adult guardian (conservator), you must also provide a copy of your Certificate of Registered Matters.

H Attach a copy of the payment financial institution account confirmation document.

※If you wish to receive benefits via a different bank account from the one specified in A on the left, attach **a copy** of the confirmation document of the financial institution account that you wish to use and that is specified in E on the left.

Examples of confirmation documents that can be attached ※One of the following

- A copy of the cover page of the passbook that shows the financial institution's name, account number, and account holder (Japanese pronunciation in Kana) of the account to receive the benefits.
- For Japan Post Bank, a copy of the first opening page of the passbook (where the account number is given)
- A copy of the ATM card

etc.

Attach **a copy** of a **confirmation document of the financial institution account that you wish to use to receive the benefits** in the frame.

Notes

- Do not use a stapler.
- If the copy is not clear, it will not be accepted.
- Attach a confirmation document of the payment account **specified in section E**.