

Your

Information

OPlease fill in the bold sectioned areas.

TEL (

Current Address:

市県民税所得・課税(非課税)証明書交付申請書 Application for Certificate of Income and Taxation

Date of submission:

年

月

日

- O The tax income certificate is available from up to five (5) years prior, including the current fiscal year.
- O The individual submitting this application must show proof of identity at the information desk.

submitting this	Full Name (Last, First, Middle): Date of Birth (circle 西暦, YYYY年 MM月 DD日) (大・昭・平・令・西暦 年 月 日								
%1									
	Relationship to the person whose information is requested:	□Same	□Other	()			
※1 If a prox	y is applying on your behalf, an Authorization of Proxy let Current Address: Same as above	ter is required.							
Whose information is	Address within Kobe City as of January 1 of this year: Same as above Ward,								
required?	Furigana: Same as above	r's certificate?	? How m	How many copies?					
	Full Name (Last, First, Middle):	令和 (FY Reiw	年度 3)	The certificate will show your income from January through		ì			
	Date of Birth (circle 西暦, YYYY年 MM月 DD日) (大・昭・平・令・西暦 年 月 日生)	令和 (FY Reiw	年度	December of the <u>previous</u> year.					
Additional relative(s) whose information is required: (Must be in the same household as above individual) ※2	Full Name (Last, First, Middle):	令和 (FY Reiw	年度	The certificate will show your					
	Date of Birth (circle 西暦, YYYY年 MM月 DD日) (大・昭・平・令・西暦 年 月 日生)	令和 (FY Reiw	年度 a)	income from January through December of the <u>previous</u> year.					
	Furigana: Full Name (Last, First, Middle):	令和 (FY Reiw.	年度	The certificate will show your					
	Date of Birth (circle 西服, YYYY年 MM月 DD日) (大・昭・平・令・西暦 年 月 日生)	令和 (FY Reiw.	年度 a)	income from January through December of the <u>previous</u> year.					
※2 May only l	pe received with the consent of individual(s) in question. In the	ne case of any dou	bt, we may cor	nfirm directly with said in	dividual	(s).			
Intended purpose(s) for obtaining the tax certificate:	□Financing □Guarantor □Public Housing □Dependent Certificate • Workplace □Health Insurance • Pension □Health and Welfare								
	□School (Financial support in higher education) □School(Other) • Daycare □Visa Application □Other (please specify) ()								
Income Tax Deductions:	□Not Applicable								
	FOR WARD OFFICE USE ONLY. Do n	ot fill in the sec	tion below			_			
証明件数	証明手数料 取扱者欄 確認者欄	□運転免許証	r.	□健康保険証 □ 年金手帳		_			

本 □パスポート

人 □障害者手帳

確 □在留カード

認□その他(

□通帳・カード

□社員証

□その他(



委任状 Authorization of Proxy

	Date of Submission:		年	月	日
本人(証明の必要な方)[Inc	dividual whose information is	s requ	ired]		
住所 / Address					
氏名 Full Name (Last, First	t, Middle)				
			f not handwrit ase stamp her perso		
生年月日 / Date of Birth (Ci	ircle 西暦, YYYY年MM月DD日)				
大・昭・平・令・西暦	年	月		日	
	経任します。 on (proxy) to request a tax certific いる方) <u>[Proxy Represental</u>				<u>l]</u>
氏名 Full Name (Last, First	t, Middle)				
生年月日 / Date of Birth (Ci	ircle 西暦, YYYY年MM月DD日)				
大・昭・平・令・西暦	年	月		日	

 $\mbox{\%}$ The individual whose information is required must fill out the document by hand, or stamp the form to authorize its authenticity with their personal stamp (inkan).

※ The proxy representative will have to present a form of ID when submitting this document.

※Falsified proxy authorization via forgery or other wrongful means is subject to the penalty for forgery of a power of attorney. (Articles 159 and 161 of the Penal Code)