## Request Form for the Issuance of Municipal/Prefectural Tax (Exemption) Certificate

To the mayor of Koshi	gaya city			year	month	day	
1. Whose certificate de Address	o you need? (Request						
* The requester	himself should sign o	ne's name.	No need	d to put	one's seal (I	HANKO).	
Date of birth	year mo	nth	day				
2. Relevant fiscal year	and number of copies	;					
①Fiscal year:	( Income of year		)	Numbe	r of copies _		
<pre>②Fiscal year:</pre>	( Income of year		)	Numbe	r of copies _		
3. Address in Koshi	gaya city as of Janua	ry 1 during	g the ye	ear of t	he needed o	certificate.	
(					Koshigaya	a city)	
4. Purpose of use							
$\Box$ Application for child	allowance 🗆 Applicati	on for pensi	on	□Appl	ication for d	ependents	
□Nursery school requi	rement 🛛 Health c	enter require	ement	□For	oan procedu	res	
□Housing	□For imm	igration pro	cedures				
□School requirement	$(\Box$ With descriptions of	of adjusted d	eductior	ns)			
* In the case that you v	vant to request for des	criptions of	adjuste	d deduc	tions, be sur	e to check	
both boxes above.							
□Others							
5. Daytime contact	1111 1111 1111 1111 1111 1111 1111 1111 1111						
6. Identification doc	uments attached						
$\Box$ My Number Card (o	copy)( front side)	□Drive	er's licer	nse (cop	y)		
□Health insurance ca	rd(copy)	□Passp	□Passport (copy)				
$\Box$ Residence card(cop	y)	□Other	□Others				
* If attaching a copy of hea	alth insurance card, be sur	e to black out	insurer's	identifica	tion numbers	on the copy.	
* Please note that: A cop	y of individual number	notification c	ard canno	ot be acc	epted as an id	lentification	
document.							
Please note that:							
*Be sure not to use erasable	e pens.						
*If you need certificates	for more than one fiscal	year, make s	sure to w	rite each	year separate	ly with the	
corresponding number of	copies.						
*If you need certificates fo	r more than one person, p	olease fill in or	ne reques	t form for	each person		
*Municipal/ prefectura	tax is levied based on	the previous	s year's i	ncome.	Make sure w	hich year's	
certificate you are requ	esting. (E.g. Fiscal year	r 2023 =202	2 incom	e.)			

Office use only

Reception	Copies	Charges total

#### 1, Necessary items

#### (1) Request form

Fill out the request form, which can be found on the reverse side.

### (2) Identification document/s

Please attach a copy of any document which shows the applicant's name, such as My Number Card (front side), driver's license, health insurance card, passport, or residence card

### (3) Handling charge

It costs 200 yen per issue. Please purchase a postal money order with a fixed amount (known as *Teigaku Kogawase* in Japanese), and enclose it with the request form.

#### (4)Return envelope

Please make sure to enclose a return envelope with a requester's name, address, and a postage stamp on it. (Please note that the envelope can be sent only to the requester's address.)

#### 2. How to fill out the application form

			Sampl
To the mayor of Koshigaya city	202	3 year	6 month 13
1. Whose certificate do you need? (Reques			
Address Koshigaya K		Saitam	a
Name OO OO			-
* The requester himself should sign	one's name. No nee	to put o	one's seal (HA)
· · · · · · · · · · · · · · · · · · ·		lav	
2. Relevant fiscal year and number of copie			
①Fiscal year: 2023 (Income of year		Number	of copies
②Fiscal year: (Income of year)			
<ol> <li>Address in Koshigava city as of January</li> </ol>			
( ∇∇∇−∇ Minami ogishima			Koshigava city)
4. Purpose of use		r	
□Application for child allowance □Applicat	ion for pension	□Appli	cation for depe
□Nursery school requirement □Health	-		
	nigration procedures		an procedures
School requirement (With decointion	0 1	anc)	
School requirement (With description	s of adjusted deducti		ions he sure to
• In the case that you want to request for de	s of adjusted deducti		ions, be sure to
• In the case that you want to request for de both boxes above.	s of adjusted deducti		ions, be sure to
• In the case that you want to request for de both boxes above. Others	s of adjusted deducti	d deduct	ions, be sure to
• In the case that you want to request for de both boxes above. Others 5. Daytime contact number	s of adjusted deducti	d deduct	ions, be sure to _
In the case that you want to request for de both boxes above.     Others	s of adjusted deductions of adjusted deductio	d deduct	-
In the case that you want to request for de both boxes above. Others     5. Daytime contact number     6. Identification documents attached My Number Card (copy) (front side)	s of adjusted deductions scriptions of adjusted	d deduct	-
In the case that you want to request for de both bases above. Others 5. Daytime contact number 6. Jdentification documents attached My Number Card (copy) (front side) Health insurance card(copy)	s of adjusted deducti scriptions of adjuste	d deduct	-
• In the case that you want to request for de both bases above. Others	s of adjusted deducti scriptions of adjuste 	d deduct se (copy) yy)	- )
In the case that you want to request for de total hours above.         Cohers         5. Daytime contact number         6. Identification documents attached My Number Card (copy) (front side) Health insurance card(copy) Residence card(copy) Residence card(copy)	s of adjusted deducti scriptions of adjuste 	d deduct se (copy) yy) identificat	
* In the case that you want to request for de both knews above. Others 5. Daytime contact number	s of adjusted deducti scriptions of adjuste 	d deduct se (copy) yy) identificat	
<sup>•</sup> In the case that you want to request for de both boxes above. Others 5. Daytime contact number 6. Identification documents attached My Number Card (copy) (front side) Health insurance card(copy) Residence card(copy) • If stacking copy of basht insurance card, be su • Planse note that: A copy of individual number document.	s of adjusted deducti scriptions of adjuste 	d deduct se (copy) yy) identificat	
* In the case that you want to request for de total hores above. Others	s of adjusted deducti scriptions of adjuste 	d deduct se (copy) yy) identificat	
* In the case that you want to request for de both knews above. Others	of adjusted deducti scriptions of adjuste Driver's licen Pasport (cop Others collection card camp	d deduct se (copy) yy) identificat ot be acce	ion numbers on t
* In the case that you want to request for de tooth knows above. Others	of adjusted deducti scriptions of adjuste Driver's licen Pasport (cop Others collection card camp	d deduct se (copy) yy) identificat ot be acce	ion numbers on t
<sup>•</sup> In the case that you want to request for de both hores above. • Others 5. Daysime contact number 6. Identification documents attached   Health insurance card(copy)   Residence card(copy)   Residence card(copy) • Branching copy of hash insurance card, be m • Flass sons that: A copy of individual number documant. Beas note that: * Pares note that: * Pares not to use canable pars. * Jone and carditions for more than con face corresponding number of opties.	a of adjusted deducti scriptions of adjuste Driver's licen Dasport (cop Others notification card camp a year, make sure to w	d deduct se (copy) yy) identificat ot be acce	 jon numbers on t prod as an ident year separatoly v
* In the case that you want to request for de both knews above. Others	of adjusted deducti scriptions of adjuste Driver's licen Passport (cop Driver's licen Passport (cop notification card cam notification card cam pass fill in con request	d deduct se (copy) yy) identificat ot be acce	- jon numbers on t pard as an ident year separately 1 each person
* In the case that you want to request for de both locas above. Others	o of adjusted deducti scriptions of adjuste Driver's licen Drasport (op Others notification card cann a pear, make sure to w plans fill in can reques the previous year's i	d deduct se (copy) yy) identificat ot be acce raite each t form for income. M	- jon numbers on t pard as an ident year separately 1 each person
* In the case that you want to request for de both knews above. Others	o of adjusted deducti scriptions of adjuste Driver's licen Drasport (op Others notification card cann a pear, make sure to w plans fill in can reques the previous year's i	d deduct se (copy) yy) identificat ot be acce raite each t form for income. M	- jon numbers on t pard as an ident year separately 1 each person
* In the case that you want to request for de both locas above. Others	o of adjusted deducti scriptions of adjuste Driver's licen Drasport (op Others notification card cann a pear, make sure to w plans fill in can reques the previous year's i	d deduct se (copy) yy) identificat ot be acce raite each t form for income. M	- jon numbers on t pard as an ident year separately 1 each person
* In the case that you want to request for de both locas above. Others	o of adjusted deducti scriptions of adjuste Driver's licen Drasport (op Others notification card cann a pear, make sure to w plans fill in can reques the previous year's i	d deduct se (copy) yy) identificat ot be acce raite each t form for income. M	- jon numbers on t pard as an ident year separately 1 each person
* In the case that you want to request for de both locas above. Others	of adjusted deductions scriptions of adjusted scriptions of adjusted of the scriptions of adjusted of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the sc	d deduct se (copy) yy) identificat ot be acce raite each t form for income. M	jon numbers on d pted as an ident year separately t each person fake sure which
* In the case that you want to request for de both locas above. Others	of adjusted deductions scriptions of adjusted scriptions of adjusted of the scriptions of adjusted of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the scription of the sc	d deduct se (copy) yy) identificat to be accu vrite each t form for a come. N	jon numbers on d pted as an ident year separately t each person fake sure which

#### 1. Whose certificate do you need?

Please write the requester's address, name, and date of birth.

#### 2. Relevant fiscal year and number of copies

E.g. Fiscal year 2023 : 2022 Income

Fiscal year 2022: 2021 Income

# 3. Address in Koshigaya city as of January 1 during the year of the requested certificate.

Certificates are issued at the municipality where you lived as of January 1<sup>st</sup> during the year of the needed certificate.

#### 4. Purpose of use

Please write the purpose of use, or where to submit.

#### 5. Daytime contact number

We will contact you in the case that a certification cannot be issued. Mobile phone number is also accepted as a contact number.

#### 6. Identification documents attached

Please check the box of types or names of the attached identification documents

### 3. For Inquiries and Where to send your application

Koshigaya City office Civil Tax Section

4-2-1 Koshigaya Koshigaya city Saitama 〒343-8501 (Tel: 048-963-9144)