## Application Form for Issuance of Certification of Taxation/Non-taxation/ Tax Payment of Special Ward Inhabitants Tax, Metropolitan Inhabitants Tax

(TO) Mayor of Itabashi			yr	mn	day
	Person making the application at the counter (We ask for your	cooperation	with ID	verificatio	n)
Applicant	Current address				
ja	Furigana				
Ар	NAME	ΓEL			
	(Maiden name				

A Letter of Proxy is required for applications by a proxy, different household family member, or household family member who has moved out of Itabashi.

- Income displayed will be for during previous year of the fiscal year of certification.
- Certificates cannot be issued for those who have not filed a tax return. Tax returns are accepted at the Taxation Section

			101 those who have not fried a tax retains tax retains t							
		Address as of 1st January in fiscal year of certification								
		□Same as applicant Itabashi								
	(pg	Current address (i	f different from Itabashi address above)	KEY	1. Tax (Non-tax) = Certificate					
	s if same household)	□Same as applicant			of Taxation (Non-taxation)					
eq?		TEL □Same as applicant			2. Tax Pay = Certificate of Tax Payment					
		Furigana	□Same as applicant		Fiscal year					
		F UII gana	Doame as applicant							
		NAME			(Income for previous year) copies  1. Tax (Non-tax) 2. Tax pay					
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	me			on (	Fiscal year (Income for previous year) copies					
l≒	na	D.O.B.	T/S/H/R yr mn day	atic						
ite requ	ree			Application details	1. Tax (Non-tax) 2. Tax pay					
	Ŧ	Relation to	□Applicant □Spouse □Same household family member (please specify: )□Proxy		Fiscal year					
	t to	applicant	member (prease specify. ) — rloxy	7	(Income for previous year) copies					
<u>3</u>	ä	Remarks			1. Tax (Non-tax) 2. Tax pay					
tifi	li in	Furigana	□Same as applicant		Fiscal year					
ē	y fi	NI A MITT		:Is	(Income for previous year) copies					
For whom is the certificate required?	(You may fill in up to three names if	NAME		etai	1. Tax (Non-tax) 2. Tax pay					
					Fiscal year					
		D.O.B.	T/S/H/R yr mn day	Application details	(Income for previous year) copies					
					1. Tax (Non-tax) 2. Tax pay					
ō		Relation to applicant	□Applicant □Spouse □Same household family member (please specify: )□Proxy		Fiscal year					
₩					(Income for previous year) copies					
_		Remarks			1. Tax (Non-tax) 2. Tax pay					
F)		Furigana	□Same as applicant		Fiscal year					
				$\mathbf{s}$	(Income for previous year) copies					
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		D.O.B.	T/S/H/R yr mn day	tior	(Income for previous year) copies					
			T/S/H/R yr mn day	Application details	1. Tax (Non-tax) 2. Tax pay					
		Relation to	□Applicant □Spouse □Same household family		Fiscal year					
		applicant	member (please specify: )□Proxy	A	(Income for previous year) copies					
		Remarks			1. Tax (Non-tax) 2. Tax pay					
	b	Public financial cor	poration/bank etc. loan Public/UR housing Immigration Bure	eau C	Child allowance Education					
Ò	2	assistance Nursery/kindergarten Allowance application Medical costs aid Independence support Elderly/disability/								
7	5	infant medical costs Elderly recipient certificate Pension Tuition fees grant/exemption Scholarship application3								
Intended use	ב	Silver Pass7								
		Other (	• Income amount only① • Breakdown of i							
*		• Breakdown of income and income tax deductions ③								
	=	• Breakdown of income and income tax deductions, names of family dependents ©								

## Please inform staff if you are in receipt of any of the following:

- •Public livelihood assistance •Support benefits (for war-displaced Japanese left behind in China etc.)
- •Tokyo physical disability dependent's allowance (pension), mutual aid system, Tokyo severe physical disability allowance

	<b>本</b>	□運転免許証 □運転経歴証明書 □住基カード(写真付)	合計発行枚数	受付	手数料収納
記入	人 確	□旅券 □保険証 □在留カード(外登証) □身体障害者手帳等			
欄	認	□年金手帳 □介護保険被保険者証 □医療証 □診察券		照合	
	職員	□カード □聴聞 □個人番号カード □その他( )	枚		