

Application Form for 太田市役所 収納課「納税証明書交付申請書(記入例)」・英語版
Certificate of Tax Payment "Nouzeishoumeisho"

(To) The Mayor of the City of Ota

SAMPLE

Date: YYYY / MM / DD (year/month/day)

Applicant (Person coming to apply.)	Address Ota-Shi Hama-Cho 2-35		1点確認	
	Kana オオタ メアリー		<input type="checkbox"/> 運転免許証	
	Full Name Ota Mary		<input type="checkbox"/> 在留カード	
Date of Birth YYYY / MM / DD (year/month/day)		<input type="checkbox"/> 個人番号カード*		2点確認
Address Ota-Shi Hama-Cho 2-35		<input type="checkbox"/> 住基カード (写真付き)		
Kana オオタ ジョージ		<input type="checkbox"/> パスポート		
Full Name Ota George Corp. Seal 印		<input type="checkbox"/> 保険証		2点確認
Date of Birth YYYY / MM / DD (year/month/day)		<input type="checkbox"/> 住基カード (写真なし) +		
Purpose (Pls. check <input checked="" type="checkbox"/> .)		<input type="checkbox"/> 診察券		
<input type="checkbox"/> Loan <input type="checkbox"/> Guarantor <input type="checkbox"/> Housing Application		<input type="checkbox"/> 預金通帳		手 数 料
<input checked="" type="checkbox"/> Immigration Procedure (VISA) <input type="checkbox"/>		<input type="checkbox"/> キャッシュカード*		
Required Certificate		Fiscal Year	Quantity	
Details (incl. year and quantity.)	Municipal/Prefectural Inhabitant Tax	Reiwa 5 Nendo	1 Copy(-ies)	円
	Municipal Corporation Tax	Year of Operation ~ / / (year/month/day)	Copy(-ies)	円
	Fixed Property Tax (incl. City Planning Tax)	Reiwa Nendo	Copy(-ies)	円
	Light Motor Vehicle Tax	Reiwa Nendo	Copy(-ies)	円
	National Health Insurance Tax	Reiwa Nendo	Copy(-ies)	円
	Completion of Payment	<input type="checkbox"/> Written confirmation of no arrears.	Copy(-ies)	円
	No Delinquent Payments	Year of Operation ~ / / (year/month/day)	Copy(-ies)	円

- ※ An I.D. (Residence "Zairyu" Card, Driver's License, or others) are required.
- ※ If an application is made by a person other than the applicant (or relatives living with the applicant who shares livelihood with them), a **Power of Attorney** from the applicant or a **Notification of Delegation to a Proxy** (with the applicant's personal-seal) must be attached.
- ※ For a certificate in the name of a corporation, the **corporate** (representative) **seal** must be affixed (unless stamped on the Power of Attorney or Notification of Delegation of Proxy).
- ※ For Liquor Tax Act, **Certificate of Completion of Payment and No Delinquent Payments** are required.

受付	確認	交付

Application Form for 太田市役所 収納課「納税証明書交付申請書」・英語版
Certificate of Tax Payment "Nouzeishoumeisho"

(To) The Mayor of the City of Ota

Date: / / (year/month/day)

Applicant (Person coming to apply.)	Address		1点確認	
	Kana		<input type="checkbox"/> 運転免許証	
	Full Name		<input type="checkbox"/> 在留カード	
Date of Birth / / (year/month/day)		<input type="checkbox"/> 個人番号カード*		2点確認
Address		<input type="checkbox"/> 住基カード (写真付き)		
Kana		<input type="checkbox"/> パスポート		
Full Name Corp. Seal 印		<input type="checkbox"/> 保険証		2点確認
Date of Birth / / (year/month/day)		<input type="checkbox"/> 住基カード (写真なし) +		
Purpose (Pls. check <input type="checkbox"/> .)		<input type="checkbox"/> 診察券		
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