

Guide to proceed for Adjustment Benefit for Flat-Amount Cut of Personal Income Tax

To receive the Adjustment Benefit Payment, certain procedures are necessary.
To proceed, please review the details in the confirmation documents and choose one of the following methods for the necessary procedure.

■ How to proceed

In the case of sending back the confirmation documents by post

Please place the following documents in the enclosed reply envelope and return them by post.

【Necessary documents】

- ① The confirmation documents of Adjustment Benefit Payment for Flat-Amount Cut of Personal Income
(Fill out the necessary information.)
- ② A copy of your identification
e.g. My number card, Driver's license, Passport, Health insurance card, or Resident card etc.
※If your driver's license card has your current address on the back, a copy of the backside is required.

【If the confirmation document does not include details of the benefit payment account or if you wish to use a different account】

- ③ A copy of the document that show the receiving bank account
e.g. The page containing the following details from your bank book: "Financial institution name"" Branch name"" Account number" "Account holder's name" etc. (If you're using internet banking or an app, please provide a screen shot of the page that displays the same information.)

【When the proxy conducts the procedure】

- ④ A copy of proxy's identification
- ⑤ Documents confirming proxy's authority ※When the proxy is not the same household as the eligible recipient etc.
- ⑥ Statement of reasons (Answer format does not matter)
※When someone other than the eligible recipient receive the benefit payment

In the case of performing online procedures

Please scan the 2D code on the confirmation documents and fill out the necessary details.

- ※Please prepare for an image of a identity document and a document verifying the recipient's account.
- ※You don't have to send back the confirmation documents by post in the case of online procedures.
- ※The proxy cannot perform online procedures.

■ Payment amount

You can find it in the payment amount section of the confirmation documents.

■ Payment Date

Approximately one month from the date of accepting the confirmation documents by Inuyama city.
(Both online procedures and sending back by post)

■ Submission deadline

Friday, October 31, Reiwa 7

(In the case of sending back by post, the date of the postmark will be valid.)

■ Contact information

Inuyama city Adjustment Benefit Payment Call Center
Phone:0568-48-0057 Open: 8:30 a.m.-5:00 p.m.
(Excluding Saturday, Sunday and National holidays)

Example to fill out the confirmation documents of Adjustment Benefit for Flat-Amount Cut of Personal Income Tax

〒484-8501
愛知県犬山市大字犬山字東畑 3 6 番地

犬山 太郎 様

0000001

If left blank, or you prefer to change to another bank account, please fill out the account information in the designated section on the confirmation documents

In fiscal year 2024, due to the flat-amount cut of personal income tax, 30,000 yen was deducted from income tax and 10,000 yen was deducted from local taxes, but those who were unable to deduct the full amount will be paid the difference as a benefit.

You will now be able to receive the benefit, so please write your name, phone number, and bank account number on the payment confirmation form and send it by mail along with a copy of your ID and bankbook.

支給方法	口座振込
支給日	確認書を受領した日から1カ月程度
支給額	2万円
支給口座	犬山銀行 犬山支店 普通 ****111 (仮マ知)

※支給口座が空欄の場合は、【受取口座記入欄】に振込口座を記入してください。

(1) 不足額給付金の支給額及び算出式

令和7年の所要額	令和6年度分住民税所得	控除不足額計(③)	令和7年の所要額(④)
令和6年分所得税分の 控除不足額(①)	令和6年度分住民税所得 制分控除不足額(②)	(①+②)	(③+④)

①Name
Please fill out the recipient's full name

②Confirmation Date
Please fill out the date you confirm these documents.

③Phone number reachable during daytime
(You may receive a confirmation phone call.)

氏名	確認日 令和 年 月 日	日中に連絡可能な電話番号
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【委任欄】代理人が確認する場合は下記に記入してください。原則、支給対象者本人の署名が必要です。

代理人 (フリガナ) 代理人氏名	本人との 親縁関係	代理人生年月日	代理人現住所
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私は、上記の者を代理人と認め、
(法定代理人の場合は支給対象者本人からの署名は不要です。)

If someone other than the eligible recipient is handling the procedure, please provide the representative's information here.

(2) 給付金の振込先口座の変更等(支給口座を変更する方・支給口座欄が空欄の方)

☐ 【受取口座記入欄】 ※通帳等の写しの添付が必要です。

金融機関名	支店名	分類	口座番号	口座名義(カナ)

ゆうちょ銀行を選択された場合は、貯金通帳の見開き左またはキャッシュカードに記載された記号・番号をご記入下さい。

If the benefit payment account section is blank, or you prefer a different account for the transfer, please check the box () and fill out the recipient's account information in the designated account detail section.

☐ 私は給付金を受給しません

裏面も必ずご確認ください

If you do not wish to receive the benefit payment, please mark the circle (○) inside the square box provided ().

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