

To the Mayor of Oita City

Application Form to Issue Tax Certificate or to Inspect Tax-related Documents

Date (Year/Month/Day)

Person at the counter (Applicant)	Address ()		Relationship to the applicant 1. Self 2. Belongs to the Same household 3. Company Delegate 4. Other •Proxy •Land or Building Leaseholder •Heir • ()	To lawyers and judicial scriveners, please stamp your professional seal. Name ()
	Furigana			
	Full Name			
	Birthdate (Year/Month/Date)			

* Please be ready to show your ID such as My Number Card, driver's license, health insurance at the counter.

Whose certificate? No need to fill this part if the at the counter is the same as person A	A	Address (Company Address) ()	Fill this part if you need certificate for other family members in addition to person A	B	Name
		Furigana		B	Birthdate (Year/MonthDate)
		Full Name (Company Name)		C	Name
		Birthdate (Year/MonthDate)		C	Birthdate (Year/MonthDate)
		(Not required for companies) Birthdate (Year/MonthDate)		D	Name
				D	Birthdate (Year/MonthDate)

* For Individual Tax Certificate : **If the person at the counter is a proxy, authorization letter is required** (except for issuing demolished property certificates and viewing cadastral maps).
If the proxy is a member of the same household, authorization letter is not required for items marked with a star ☆
* For Company Tax Certificate : **Authorization letter is required if the person at the counter is not a company delegate** (excluding Company Address Certificate)
Delegates are generally required to stamp the company's seal next to the company name.
* You may be asked to show your Family Registry and Resident Certificate.

	Document to be Issued or Viewed	Purpose	To be submitted to	Fiscal Year	# of Copies	Amount																	
Municipal-related	1 ☆ Income Certificate (Does NOT show taxes and deductions)	Financing	Guarantor	Other ()	最新年度	通																	
	2 ☆ Tax Declaration Certificate (Shows income, taxes, and deductions)	Resident Tax	Pension	Child-support Allowance	Health Insurance	Claiming Dependent/s	Health Center	High Cost Medical Expense Benefit	Public Housing	Prefectural/Municipal Office	NHK	Scholarship	Tuition Exemption	Institution	Kindergarten	Health Center	Housing Benefit	Immigration Bureau	C	Other ()	最新年度	通	
	3 Company Address Certificate	Parking Space Certificate																					
Tax Payment	4 ☆ Tax Payment Certificate <input type="checkbox"/> Resident Tax <input type="checkbox"/> Fixed Assets Tax <input type="checkbox"/> Corporate Tax ()	※Please specify which tax by checking the box	Financing	Guarantor	Bidder Screening	Public Sewerage	Immigration Bureau	Public Housing Application	Business Application	Other ()	年度	通											
	5 ☆ Tax Clearance Certificate ()																						
Fixed Assets	6 Valuation of Fixed Assets Certificate (Assessed value for each property)		Property Registration	Sale of Property		年度	通																
	7 Tax Roll Certificate (Assessed value and tax amount for each property)		Tax Office	Other ()	年度	通																	
	8 ☆ Non-ownership Certificate		<input type="checkbox"/> 代表者確認		年度	通																	
	9 Demolished Property Certificate		<input type="checkbox"/> 戸籍確認()		年度	通																	
	10 Depreciable Property Certificate (Non-itemized listing)		<input type="checkbox"/> 繼承人確認		年度	通																	
	11 Fixed Asset Register (itemized listing of properties and its tax rolls)	<input type="checkbox"/> Land • Building Do you need a copy? Yes • No <input type="checkbox"/> Depreciable Assets		<input type="checkbox"/> 移転確認		年度	件																
	12 Cadastral Map	Do you need a copy? Yes • No		<input type="checkbox"/> 領収確認		Latest • Previous Map	件																
Additional copies for items 11 and 12						10 yen per copy	枚																

*Specify which asset: 1. All Land Properties 2. All Buildings 3. Partial Assets (Please list the parcel number for each property you need)

Land Properties	Address (District)	Parcel Number	Remarks	Building Properties	Address (District)	Parcel Number	Building Number	Remarks

Reference	マ・免・保・住(顔)・在留・身障・生保・補・行・司・土家調・聴・他()				確認	委任状 有
	Certificate Number	他課確認		Total # of Copies	Total Amount	担当
		納税課	国保年金課	通	円	