

SHORTFALL SUBSIDY

Ref #

Issued Date

YY

MM

DD

Mayor of Oita ADACHI Shinya

The 2025 Oita City Fixed-Amount Tax Reduction Supplemental Aid (Shortfall Subsidy)
Verification Form

The Shortfall Subsidy is provided to individuals who received the 2024 Adjustment Subsidy*. To expedite payment, the subsidy was calculated using estimated 2024 income tax figures based on 2023 income data. As a result, some recipients may have received less than the amount to which they were entitled. This supplemental

*The Adjustment Subsidy is provided to individuals whose eligible tax reduction amount exceeds their estimated income and resident taxes for the 2024 fiscal year. The subsidy amount is the total of these differences, rounded up to the nearest 10,000 yen.

Please carefully review the details and complete this verification form. Kindly submit the completed form and the attached sheet for your identification documents to us by XX XX, 2025.

Note: Failure to submit the completed form by the due date will be considered a refusal of the subsidy.

This subsidy will be paid into the following account, which was used for previous payments in fiscal year 2023 and/or 2024.

Payment Method Bank Transfer**Deposit Date** 3 weeks after Oita City receives your verification form**Receiving Account****Amount**

Note: If the receiving account section is blank or you wish to use a different account, please fill in the new account information on the back page. Also, be sure to submit this form along with a photocopy of your ID and a copy of your bankbook or cash card.

Calculation of Shortfall Subsidy

Based on your 2024 income and resident taxes, we are notifying you that you are eligible for this subsidy. The payment amount is shown below. We will deposit the subsidy into the same bank account used for the 2023 and 2024 Low-Income Household Aid.

REQUIRED PAYMENT FOR 2025	Deduction Shortfall for the 2024 Income Tax (1)*	Deduction Shortfall for the 2024 Resident Tax (2)	Insufficient Deduction (Required Payment) (3) (1+2)
	<input type="text"/> yen + <input type="text"/> yen = <input type="text"/> yen		
* Deduction Shortfall refers to the amount that exceeds the limit of fixed-amount tax reduction.			
SUBSIDY AMOUNT	Required Payment for 2025 (4) (The amount in (3) is rounded to the nearest 10,000 yen)	Adjustment Subsidy Received in 2024*	Shortfall Subsidy Amount
	<input type="text"/> yen - <input type="text"/> yen = <input type="text"/> yen		
* If the Adjustment Subsidy was declined, the amount will be indicated as the Required Payment Amount.			

Please encircle
your choice.I would like to
receive / decline
the shortfall subsidy payment.Reason for declining
the payment

I hereby declare the details given above are true and correct.

Date	YY	MM	DD	Note: You may be charged with fraud if it is determined that you intentionally filled the form incorrectly.
Taxpayer's Name				
	Daytime Phone Number			

*Please write the name exactly as it is written on the upper left corner of this form.

Important:
Please check the back page.

【Account Information】 ※Please provide proof of bank account ownership. See below for details.

※ Please do not provide a bank account that does not have any activity for an extended period.

Financial Institution	Branch	Account Type	Account Number	Account Holder(Katakana or Alphabet)
1. Bank (銀行) 2. Kinko (金庫) 3. Shinkumi (信組) 4. Shinren (信連) 5. Nokyō (農協) 6. Gyokyo (漁協) 7. Shingyoren (信漁連)	本店・支店 本所・支所 出張所	1. Ordinary 2. Checking	※ Please make sure the last digit is in the farthest right-hand	※ Please provide the name as it appears on the bankbook
Financial Institution Code	Branch Code			

Japan Post Bank (Yucho Bank)	Bankbook Code	Account Number	Account Holder(Katakana or Alphabet)
your want to use your Japan Post Bank account, please fill in the following details that can be found on your bankbook or cash card.	(If it is a 6 digit code, write the last digit on the ※ column)	※ Please make sure the last digit is in the farthest right-hand	※ Please provide the name as it appears on the bankbook
	1		

• Please fill in the details below if you want to appoint a representative to process the form and/or receive the money on your behalf

【Representative's Information】

Name in Furigana	Relation to the Head of Household	Date of Birth	Address and Phone Number
Representative's Name			
		年 月 日	Daytime Phone Number ()
I hereby grant permission to the person listed above to : verify and claim the relief payment 受給 確認・請求及び受給		Head of Household's Name	Sign or write your name and stamp your ink here 印

※Please write the name exactly as it appears on the upper-left corner of the front page of this form.

Document Checklist

『令和7年度大分市定額減税補足給付金（不足額給付）支給確認書』

※ Please check the required items below.

- Front Page: Accept or Decline the relief payment, Date, Name, Phone Number
- Back Page: Bank Account Information

Proof of Identification

※ Photocopy of a valid ID e.g. driver's license, health insurance card, My Number Card (front side), pension book, long-term care insurance certificate, passport photo page, etc.

Proof of Bank Account Ownership

※ Please provide a photocopy of bankbook or cash card that shows the following details:
name of financial institution, account number, and account holder name written in katakana or alphabet



※ Please photocopy the entire spread page of the Japan Post Bank Bankbook

※ If you appointed a representative, it is required to provide a photocopy of

his/her valid ID and check the box below.

A photocopy of your Representative's valid ID

※ Examples: driver's license, health insurance card, My Number Card (front side), pension book, long-term care insurance certificate, passport photo page, etc.



※ Did you miss anything? Please double check all the required sections and documents.

(You may not receive the relief payment if there is any information or documents are missing.)