| To the mayor of Koshigaya city | | | | year | month | day | |
|-----------------------------------------------------------------------------------------------------------|----------------------------------|----------------|--------------------------|------------|---------------|--------------|--|
| 1. Whose certificate do you need? (Requester's name) | | | | | | | |
| Address | | | | | | | |
| Name | | | | | | | |
| * The reques | ster himself should sign or | ne's name. I | No nee | d to put | one's seal (| HANKO). | |
| Date of birth | year mon | | | | | | |
| 2. Relevant fiscal y | ear and number of copies | | | | | | |
| ①Fiscal year: | (Income of year_ | |) | Numbe | r of copies _ | | |
| ②Fiscal year: | (Income of year_ | |) | Numbe | r of copies _ | | |
| 3 . Address in Koshigaya city as of January 1 during the year of the needed certificate. | | | | | | | |
| (| | | | | Koshigay | a city) | |
| 4. Purpose of use | | | | | | | |
| □ Application for child allowance □ Application for pension □ Application for dependents | | | | | | | |
| □Nursery school requirement □Health center requirement □For loan procedures | | | | | | | |
| ☐ Housing ☐ For immigration procedures | | | | | | | |
| □School requireme | nt (□With descriptions of | adjusted de | eduction | ns) | | | |
| * In the case that you want to request for descriptions of adjusted deductions, be sure to check | | | | | | | |
| both boxes above. | | | | | | | |
| □Others | | | | | | | |
| 5. Daytime conta | act number | | | | | | |
| 6. Identification documents attached | | | | | | | |
| ☐ My Number Card (copy)(front side) | | □Drive | □Driver's license (copy) | | | | |
| ☐ Health insurance card(copy) | | □Passpo | □Passport (copy) | | | | |
| □Residence card(copy) | | □Others | | | | | |
| * If attaching a copy of | f health insurance card, be sure | to black out i | insurer's | identifica | tion numbers | on the copy. | |
| * Please note that: A copy of individual number notification card cannot be accepted as an identification | | | | | | | |
| document. | | | | | | | |
| Please note that: | | | | | | | |
| *Be sure not to use era | sable pens. | | | | | | |
| *If you need certificates for more than one fiscal year, make sure to write each year separately with the | | | | | | | |
| corresponding number | r of copies. | | | | | | |
| *If you need certificates for more than one person, please fill in one request form for each person | | | | | | | |
| *Municipal/ prefect | ural tax is levied based on t | the previous | year's i | income. | Make sure w | hich year's | |
| certificate you are requesting. (E.g. Fiscal year 2024 =2023 income.) | | | | | | | |

Office use only

| | , | |
|-----------|--------|---------------|
| Reception | Copies | Charges total |
| | | |

Procedures of mailed application for taxation (tax exemption) certificate's issue

1, Necessary items

(1) Request form

Fill out the request form, which can be found on the reverse side.

(2) Identification document/s

Please attach a copy of any document which shows the applicant's name, such as My Number Card (front side), driver's license, health insurance card, passport, or residence card

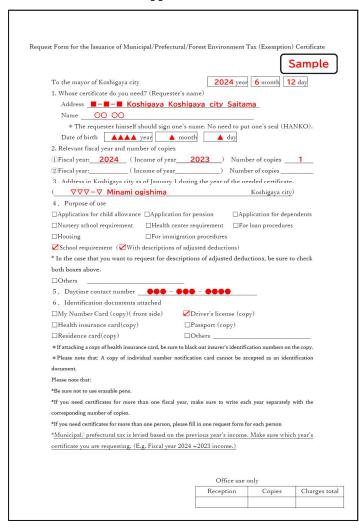
(3) Handling charge

It costs 200 yen per issue. Please purchase a postal money order with a fixed amount (known as *Teigaku Kogawase* in Japanese), and enclose it with the request form.

(4)Return envelope

Please make sure to enclose a return envelope with a requester's name, address, and a postage stamp on it. (Please note that the envelope can be sent only to the requester's address.)

2. How to fill out the application form



1. Whose certificate do you need?

Please write the requester's address, name, and date of birth.

2. Relevant fiscal year and number of copies

E.g. Fiscal year 2024: 2023 Income Fiscal year 2023: 2022 Income

3. Address in Koshigaya city as of January

1 during the year of the requested certificate.

Certificates are issued at the municipality where you lived as of January 1st during the year of the needed certificate.

4. Purpose of use

Please write the purpose of use, or where to submit.

5. Daytime contact number

We will contact you in the case that a certification cannot be issued. Mobile phone number is also accepted as a contact number.

6. Identification documents attached

Please check the box of types or names of the attached identification documents

3. For Inquiries and Where to send your application

Koshigaya City office Civil Tax Section