

# How to Fill In the Shibuya City Flat-rate Tax Cut Supplemental Benefit (Shortfall Payment) Payment Confirmation Form

- If the beneficiary applies in person, it is also possible to apply online. **If applying online, there is no need to return the payment confirmation form.**
- \*If there are any discrepancies in the figures in Section A of the payment confirmation form, only postal applications will be accepted.**  
(Handwritten corrections to the payment confirmation form and copies of relevant documents highlighting the discrepancies must be enclosed.)
- \*After screening the application, we will notify you of the payment date in the payment approval notification.
- **If applying by proxy, only postal applications are accepted.** Online applications are not allowed. Please return the payment confirmation form.

## 1. Please fill out the payment confirmation form (Front side **B** ).

- Please confirm the contents of "A. Amount of Shortfall Payment and Calculation Formula" and "B. Confirmation and Agreement Items," and **please be sure to fill in** the three items: "Name of Beneficiary," "Date of Confirmation," and "Contact Phone Number."

Please fill in the **name of the beneficiary printed in Section A.**

|                     |  |                      |               |              |       |      |
|---------------------|--|----------------------|---------------|--------------|-------|------|
| Name of Beneficiary |  | Date of Confirmation |               | Reiwa 7 Year | Month | Date |
| 渋谷 太郎               |  | Contact Phone Number | 070-9957-6635 |              |       |      |

## 2. Please fill out the payment confirmation form (Reverse side **C** ).

- Please enter the **same account information as the** enclosed "Copy of Documents Confirming the Recipient Account."
- **If you have a Japan Post Bank account**, please provide the "Branch Name," (Kana), "Account Type," and "Account Number."
- listed in the bank information section on the first page of your passbook, and not the numbers under 記号(Code Number) and 番号(Account Number).
- Please refrain from using accounts that have been inactive for an extended period of time, as they may no longer be able to receive bank transfers.

|   |   |   |  |  |  |   |  |
|---|---|---|--|--|--|---|--|
| Account to Receive Benefits   | Name of Financial Institution                                       | <input checked="" type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Credit Association <input type="checkbox"/> Credit Federation <input type="checkbox"/> Farmers' Cooperative <input type="checkbox"/> Worker's Credit Union <input type="checkbox"/> Fishermen's Cooperative |  |  |  | Account Type  |  |
|   | Branch Name   | <input type="checkbox"/> Main <input checked="" type="checkbox"/> Branch <input type="checkbox"/> Branch office <input type="checkbox"/> Sub-branch   |  |  |  | <input checked="" type="checkbox"/> Ordinary <input type="checkbox"/> Current |  |
|   | Account No. Please justify the number to the right<br>1 2 3 4 5 6 7 |   |  |  |  |   |  |
| Account Name (in kana script) If there is not enough space, please use the "Office use only" space provided below.<br>シブヤ タロウ |   |   |  |  |  |   |  |
| ( Office use only )   |   |   |  |  |  |   |  |

- Please enter the name of the account holder (in kana) **exactly as it appears on your bankbook**. Example: Voiced consonants and characters such as "カ" シキガイシャ and "か".
- If the account name is in English only, please enter it in English.

## ■ If applying by proxy, please fill out the payment confirmation form (Reverse side **D** ).

- Please only fill in this section **if you are not eligible for benefits** but **wish to apply for or receive benefits**.
- In the case of making or receiving claims by proxy, please **be sure to provide the information in sections B and C.**
- If the beneficiary and the proxy **are not members of the same household**, it is necessary to attach the "Documents Confirming the Proxy's Authority."
- If you **wish to have various mailings related to this benefit sent to your proxy's address**, you must submit a separate "Request for Change of Mailing Address" form.

Please ensure that the name of the beneficiary (delegator) is the **same as the name of the beneficiary provided in section B.**

|                                    |   |                           |  |                        |                 |
|------------------------------------|---|---------------------------|--|------------------------|-----------------|
| To be filled in by eligible person | Name of Beneficiary   | 渋谷 太郎                     |  |                        |                 |
|                                    | I authorize the following proxy to: <input type="checkbox"/> Make claims only <input type="checkbox"/> Receive payments only <input checked="" type="checkbox"/> Make claims and receive payments |                           |  |                        |                 |
| To be filled in by proxy           | Name of Proxy   | Furigana シブヤ ハナコ<br>渋谷 花子 |  | Date of Birth of Proxy | Year Month Date |
|                                    | Address of Proxy  | 〒123-4567 東京都渋谷区〇〇町1-2-3  |  |                        |                 |
|                                    | Phone number where you can be reached during the daytime 070-9712-7865  |                           |  |                        |                 |
|                                    | Relationship with beneficiary Please circle (○) one of the options<br>1. Relative (○) 妻 2. Legal representative 3. Other ( )  |                           |  |                        |                 |

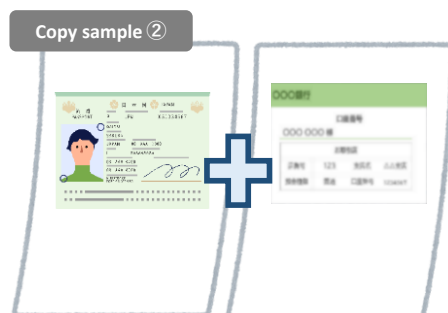
Continued on reverse side.



# How to Make Copies of Required Documents



\*If they fit on one A4 sheet



\*If they don't fit on one A4 sheet

- Please make sure copies of both your ID and bank account documents **can fit on an A4 sheet of paper**. (See copy sample ①)
- If they do not fit on one sheet, please **copy the ID document and bank account document onto separate A4 sheets of paper**. (See copy sample ②)

Please be sure to submit

## 1. Copy of documents verifying the identity of the beneficiary

Please enclose a copy of one of the following documents: driver's license, health insurance card, My Number card (front side), residence card (with photo), pension handbook, long-term care insurance card, or passport.

## 2. Copy of documents confirming the recipient bank account provided in **C**

Please enclose a copy of your passbook, internet banking screen, or cash card that shows the following information:

- ① Name of financial institution ② Branch name ③ Deposit type ④ Account number ⑤ Account holder name (in kana script).

Passbook (excluding Japan Post Bank)

Passbook (Japan Post Bank only)

Internet banking, such as online passbooks

\* Please be sure to submit the double-page spread of your passbook.

Cash card

Combined debit/credit card

\* For combined debit/credit cards, please refer to the online banking screen or passbook for the account holder's name (in kana script) and fill it in accordingly, rather than using the name printed on the card.

## ■ <Only those who made corrections in Confirmation Form> **A** Copies of withholding tax slips, final tax return forms, etc.

If you find any discrepancies in the figures listed in Section A and wish to make corrections, please enclose a copy of the documents showing the figures needed to calculate the benefit amount.

### Points to Note

- If the image is unclear, it will be considered **incomplete** (and you will need to reapply).
- There is **no need to cut or paste** the copied documents (including stapling documents together).
- When receiving benefits by proxy, please submit **copies of the identity documents of both the beneficiary and the proxy**.

Contact

Shibuya City Shortfall Payment Call Center

Reception hours: Weekdays 9:00 a.m. to 5:15 p.m.



0120-996-256

# How to Fill In the Shibuya City Flat-rate Tax Cut Supplemental Benefit (Shortfall Payment) Payment Confirmation Form

- If the beneficiary applies in person, it is also possible to apply online. **If applying online, there is no need to return the payment confirmation form.**  
\*After screening the application, we will notify you of the payment date in the payment approval notification.
- **If applying by proxy, only postal applications are accepted.** Online applications are not allowed. Please return the payment confirmation form.

## 1. Please fill out the payment confirmation form (Front side **B**).

- Please confirm the contents of "A. Payment Details" and "B. Confirmation and Agreement Items,"  
and **please be sure to fill in** the four items: **"Agreement Check Box," "Name of Beneficiary," "Date of Confirmation,"** and **"Contact Phone Number."**

After confirming the pledges and agreements in section B, please be sure to check (✓) the box.

|   |       |                      |                         |
|---|-------|----------------------|-------------------------|
| <input checked="" type="checkbox"/> I have read and agree to all of the above pledges and agreements. |       |                      |                         |
| Name of Beneficiary   | 渋谷 太郎 | Date of Confirmation | Reiwa 7 Year Month Date |
|   |       | Contact Phone Number | 070-9957-6635           |

Please fill in the **name of the beneficiary** printed in Section A.

## 2. Please fill out the payment confirmation form (Reverse side **C**).

- Please enter the **same account information as the** enclosed **"Copy of Documents Confirming the Recipient Account."**
- **If you have a Japan Post Bank account,** please provide the **"Branch Name," (Kana), "Account Type,"** and **"Account Number"** listed in the bank information section on the first page of your passbook, and not the numbers under 記号(Code Number) and 番号(Account Number).
- Please refrain from using accounts that have been inactive for an extended period of time, as they may no longer be able to receive bank transfers.

|                             |  |  |  |   |
|-----------------------------|--|--|--|---|
| Account to Receive Benefits | Name of Financial Institution  | <input checked="" type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Credit Association <input type="checkbox"/> Credit Federation<br><input type="checkbox"/> Farmers' Cooperative <input type="checkbox"/> Worker's Credit Union <input type="checkbox"/> Fishermen's Cooperative | Account Type                                       | <input checked="" type="checkbox"/> Ordinary <input type="checkbox"/> Current |
|                             | Branch Name  | 渋谷 <input type="checkbox"/> Main <input checked="" type="checkbox"/> Branch <input type="checkbox"/> Branch office <input type="checkbox"/> Sub-branch   | Account No. Please justify the number to the right | 1 2 3 4 5 6 7   |
|                             | Account Name (in kana script) If there is not enough space, please use the "Office use only" space provided below. |  |  |   |
| シブヤ タロウ                     |  |  |  |   |
| (Office use only)           |  |  |  |   |

- Please enter the name of the account holder (in kana) **exactly as it appears on your bankbook**. Example: Voiced consonants and characters such as "カ" シキガイ シャ" and "か".
- If the account name is in English only, please enter it in English.

## ■ If applying by proxy, please fill out the payment confirmation form (Reverse side **D**).

- Please only fill in this section **if you are not eligible for benefits** but **wish to apply for or receive benefits**.
- In the case of making or receiving claims by proxy, please **be sure to provide the information in sections B and C.**
- If the beneficiary and the proxy **are not members of the same household**, it is necessary to attach the **"Documents Confirming the Proxy's Authority."**
- If you **wish to have various mailings related to this benefit sent to your proxy's address**, you must submit a separate **"Request for Change of Mailing Address"** form.

Please ensure that the name of the beneficiary the **same as the name of the beneficiary** provided in section B.

|                                    |   |  |                        |                 |
|------------------------------------|---|--|------------------------|-----------------|
| To be filled in by eligible person | Name of Beneficiary   | 渋谷 太郎  |                        |                 |
|                                    | I authorize the following proxy to: <input type="checkbox"/> Make claims only <input type="checkbox"/> Receive payments only <input checked="" type="checkbox"/> Make claims and receive payments<br>*Please circle (○) one of the above options. |  |                        |                 |
| To be filled in by proxy           | Name of Proxy   | Furigana シブヤ ハナコ<br>渋谷 花子  | Date of Birth of Proxy | Year Month Date |
|                                    | Address of Proxy  | 〒123-4567 東京都渋谷区〇〇町1-2-3<br>Phone number where you can be reached during the daytime 070-9712-7865 |                        |                 |
|                                    | Relationship with beneficiary<br>Please circle (○) one of the options   | 1. Relative (○) 妻 (妻) 2. Legal representative 3. Other ( )   |                        |                 |

Continued on reverse side.



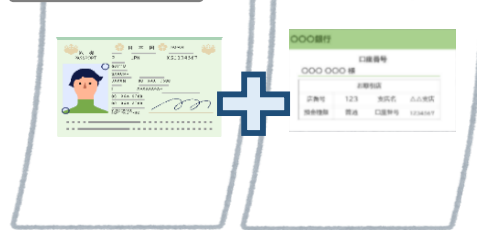
# How to Make Copies of Required Documents

Copy sample ①



\*If they fit on one A4 sheet

Copy sample ②



\*If they don't fit on one A4 sheet

- Please make sure copies of both your ID and bank account documents **can fit on an A4 sheet of paper**. (See copy sample ①)
- If they do not fit on one sheet, please **copy the ID document and bank account document onto separate A4 sheets of paper**. (See copy sample ②)

Please be sure to submit

## 1. Copy of documents verifying the identity of the beneficiary

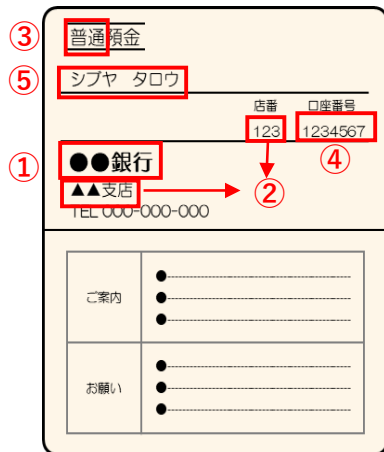
Please enclose a copy of one of the following documents: driver's license, health insurance card, My Number card (front side), residence card (with photo), pension handbook, long-term care insurance card, or passport.

## 2. Copy of documents confirming the recipient bank account provided in **C**

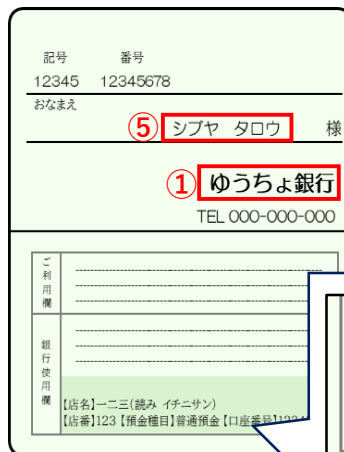
Please enclose a copy of your passbook, internet banking screen, or cash card that shows the following information:

① Name of financial institution ② Branch name ③ Deposit type ④ Account number ⑤ Account holder name (in kana script).

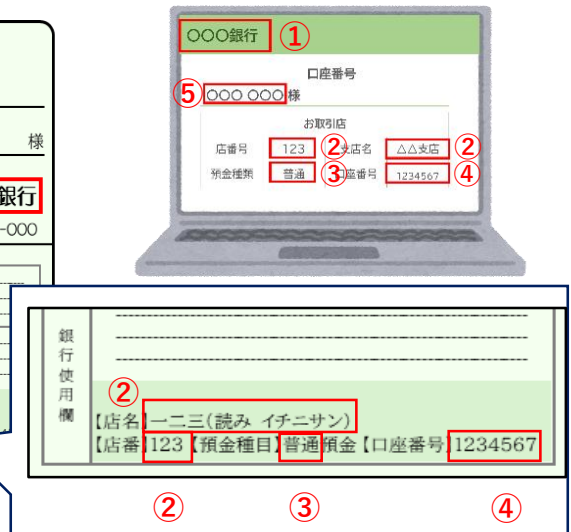
Passbook (excluding Japan Post Bank)



Passbook (Japan Post Bank only)

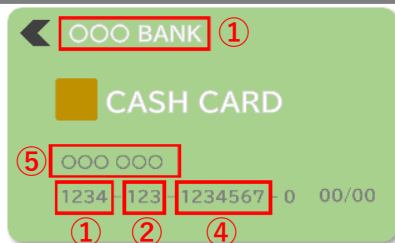


Internet banking, such as online passbooks

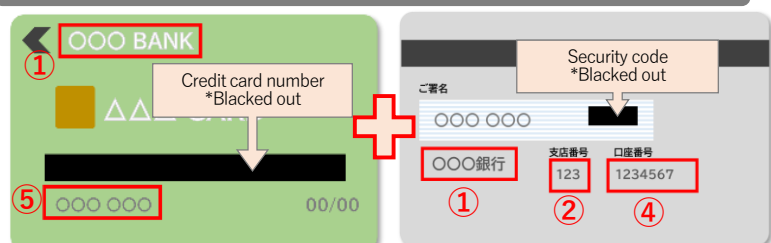


\* Please be sure to submit the double-page spread of your passbook.

Cash card



Combined debit/credit card



\* For combined debit/credit cards, please refer to the online banking screen or passbook for the account holder's name (in kana script) and fill it in accordingly, rather than using the name printed on the card.

### Points to Note

- If the image is unclear, it will be considered incomplete (and you will need to reapply).
- There is no need to cut or paste the copied documents (including stapling documents together).
- When receiving benefits by proxy, please submit copies of the identity documents of both the beneficiary and the proxy.

Contact

Shibuya City Shortfall Payment Call Center

Reception hours: Weekdays 9:00 a.m. to 5:15 p.m.



0120-996-256

# How to Fill In the Shibuya City Flat-rate Tax Cut Supplemental Benefit (Shortfall Payment) Payment Confirmation Form – For New Residents

- If the beneficiary applies in person, it is also possible to apply online. **If applying online, there is no need to return the payment confirmation form.**  
\*If there are any discrepancies in the figures in Section A of the payment confirmation form, only postal applications will be accepted.  
(Handwritten corrections to the payment confirmation form and copies of relevant documents highlighting the discrepancies must be enclosed.)  
\*After screening the application, we will notify you of the payment date in the payment approval notification.
- **If applying by proxy, only postal applications are accepted.** Online applications are not allowed. Please return the payment confirmation form.

## 1. Please fill out the payment confirmation form (Front side **B** ).

- Please confirm the contents of "A. Amount of Shortfall Payment and Calculation Formula" and "B. Confirmation and Agreement Items," and **please be sure to fill in** the three items: "Name of Beneficiary," "Date of Confirmation," and "Contact Phone Number."

Please fill in the **name of the beneficiary printed in Section A.**

|                     |       |                      |               |       |      |
|---------------------|-------|----------------------|---------------|-------|------|
| Name of Beneficiary | 渋谷 太郎 | Date of Confirmation | Reiwa 7 Year  | Month | Date |
|                     |       | Contact Phone Number | 070-9957-6635 |       |      |

## 2. Please fill out the payment confirmation form (Reverse side **C** ).

- Please enter the **same account information as the** enclosed "Copy of Documents Confirming the Recipient Account."
- **If you have a Japan Post Bank account,** please provide the "Branch Name," (Kana), "Account Type," and "Account Number." listed in the bank information section on the first page of your passbook, and not the numbers under 記号(Code Number) and 番号(Account Number).
- Please refrain from using accounts that have been inactive for an extended period of time, as they may no longer be able to receive bank transfers.

|                             |  |  |  |  |  |   |               |
|-----------------------------|--|--|--|--|--|---|---------------|
| Account to Receive Benefits | Name of Financial Institution  | <input checked="" type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Credit Association <input type="checkbox"/> Credit Federation<br><input type="checkbox"/> Farmers' Cooperative <input type="checkbox"/> Worker's Credit Union <input type="checkbox"/> Fishermen's Cooperative |  |  |  | Account Type<br><input checked="" type="checkbox"/> Ordinary <input type="checkbox"/> Current |               |
|                             | Branch Name  | 渋谷   |  | <input type="checkbox"/> Main <input checked="" type="checkbox"/> Branch<br><input type="checkbox"/> Branch office <input type="checkbox"/> Sub-branch |  | Account No. Please justify the number to the right  | 1 2 3 4 5 6 7 |
|                             | Account Name (in kana script) If there is not enough space, please use the "Office use only" space provided below. |  |  |  |  |   |               |
|                             | シブヤ タロウ  |  |  |  |  |   |               |
| 〈Office use only〉           |  |  |  |  |  |   |               |

- Please enter the name of the account holder (in kana) **exactly as it appears on your bankbook.** Example: Voiced consonants and characters such as "か" シキガイシヤ and "か".
- If the account name is in English only, please enter it in English.

## ■ If applying by proxy, please fill out the payment confirmation form (Reverse side **D** ).

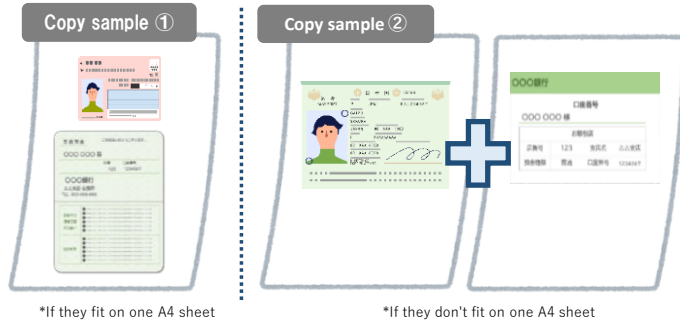
- Please only fill in this section if **you are not eligible for benefits** but **wish to apply for or receive benefits.**
- In the case of making or receiving claims by proxy, please **be sure to provide the information in sections B and C.**
- If the beneficiary and the proxy **are not members of the same household,** it is necessary to attach the **documents confirming the proxy's authority.**
- If you **wish to have various mailings related to this benefit sent to your proxy's address,** you must submit a separate "Request for Change of Mailing Address" form.

Please ensure that the name of the beneficiary is the **same as the name of the beneficiary provided in section B.**

|                                    |   |  |  |                 |
|------------------------------------|---|--|--|-----------------|
| To be filled in by eligible person | Name of Beneficiary   | 渋谷 太郎  |  |                 |
|                                    | I authorize the following proxy to: <input type="checkbox"/> Make claims only <input type="checkbox"/> Receive payments only <input checked="" type="checkbox"/> Make claims and receive payments<br>*Please circle (○) one of the above options. |  |  |                 |
| To be filled in by proxy           | Name of Proxy   | Furigana<br>シブヤ ハナコ<br>渋谷 花子   | Date of Birth of Proxy                                 | Year Month Date |
|                                    | Address of Proxy  | 〒123-4567 東京都渋谷区〇〇町1-2-3   |  |                 |
|                                    |   | Phone number where you can be reached during the daytime 070-9712-7865 |  |                 |
|                                    | Relationship with beneficiary<br>Please circle (○) one of the options   |  | 1. Relative ( 妻 ) 2. Legal representative 3. Other ( ) |                 |

Continued on reverse side.

# How to Make Copies of Required Documents



- Please make sure copies of both your ID and bank account documents **can fit on an A4 sheet of paper**. (See copy sample ①)
- If they do not fit on one sheet, please **copy the ID document and bank account document onto separate A4 sheets of paper**. (See copy sample ②)

Please be sure to submit

## 1. Copy of documents verifying the identity of the beneficiary

Please enclose a copy of one of the following documents: driver's license, health insurance card, My Number card (front side), residence card (with photo), pension handbook, long-term care insurance card, or passport.

## 2. Copy of documents confirming the recipient bank account provided in C

Please enclose a copy of your passbook, internet banking screen, or cash card that shows the following information:

① Name of financial institution ② Branch name ③ Deposit type ④ Account number ⑤ Account holder name (in kana script).

Passbook (excluding Japan Post Bank)

Passbook (Japan Post Bank only)

Internet banking, such as online passbooks

Cash card

Combined debit/credit card

\* Please be sure to submit the double-page spread of your passbook.

\* For combined debit/credit cards, please refer to the online banking screen or passbook for the account holder's name (in kana script) and fill it in accordingly, rather than using the name printed on the card.

Those who received initial adjustment benefits at previous place of residence

Copy of documents showing the breakdown of the initial adjustment payment amount, such as a payment confirmation letter issued by the local government of your previous place of residence

or

Those who have not received initial adjustment benefits at previous place of residence

Copy of the 2024 tax assessment notice or a copy of the 2024 (non-)tax certificate, or a copy of 2024 tax exemption certificate

■ <Only those who made corrections in Confirmation Form A> Copies of withholding tax slips, final tax return forms, etc.

If you find any discrepancies in the figures listed in Section A and wish to make corrections, please enclose a copy of the documents showing the figures needed to calculate the benefit amount.

### Points to Note

- If the image is unclear, it will be considered incomplete (and you will need to reapply).
- There is no need to cut or paste the copied documents (including stapling documents together).
- When receiving benefits by proxy, please submit copies of the identity documents of both the beneficiary and the proxy.

Contact

Shibuya City Shortfall Payment Call Center  
Reception hours: Weekdays 9:00 a.m. to 5:15 p.m.



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