Mr./ Ms.

January 26, 2022 Kazuhiko Nakata, Mayor of Miki City

# Confirmation Form Regarding the Requirements for Payment of Temporary Special Benefit to Households Exempt from Resident Tax and Other Beneficiaries

With regard to the temporary special benefit for households which are exempt from resident tax and for other beneficiaries, we would like to provide you with the following information regarding the projected amount to be paid, as you may be eligible for receiving the benefit based on your resident tax status for the fiscal year 2021. Please confirm the following details, fill in sections (1) through (5), and return this confirmation form to us by Monday, April 25, 2022. (Please note that in-person submissions will not be accepted.)

Payment method: Bank transfer

Payment Date Approximately 2 weeks after the confirmation form is processed.

Amount: Yen 100, 000

Bank account information: Bank: Branch: Ordinary bank account: 1111111 Account holder:

#### ■ To be filled out by the head of household

Checkboxes: Please confirm the below contents and then check ( $\checkmark$ ) the checkboxes ( $\square$ ) on the left-hand side as applicable.

- □ (1) This is not a household consisting only of members who are dependents of other relatives, or other persons, who are subject to resident tax.
- □ (2) None of the members of the household has income that is subject to resident tax but which has not yet been declared.
- \* If both (1) and (2) are checked, the applicant is eligible for receiving the benefit.

(If any of the above is unchecked, the requirements for eligibility are not met and no benefit will be paid.)

- \* If the information in the confirmation is incorrect, the applicant may be requested to return the benefit.

  Also, if the applicant intentionally provides false confirmation, he or she may be charged with fraudulent receipt of benefits.
- \* Miki City Hall may conduct a verification of the content of the provided information using sources such as tax records and other
- \* If the confirmation form is not returned by the above deadline, Miki City will consider that the applicant has opted out of receiving the benefit.
- \* If you do not wish to receive the benefit, please mark the checkbox to the right with an "X". [My household does not wish to receive the benefit  $\Box$ .]

I hereby confirm that the above information is true and accurate.

Name of Head of Household (Representative) (3)	Confirmation date	(4) yyyy mm dd	Contact Information Phone Number	(5)
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If you wish to have the money transferred to an account different from the one listed above due to reasons such as the listed account having been already closed, or if the above account information field is left blank, please fill in the following fields and attach documents confirming the account of the financial institution to which the money is to be transferred. (Please do not enter an account that has not been used for a long period of time.)

(6) Instead of the above account (or **if the above account information field is left blank**), I would like to have the money transferred to the following account.

Name of finar institution	I Name of hrand	Account type	Account number * Please fill in starting from the left	Account holder name (in Japanese Kana) * Same as bankbook
		1 Ordinary		
		account		
		2 Current		
		account		

<sup>\*</sup> If you choose Japan Post Bank, please fill in the information stated as "branch name, bank account type, and account number (7 digits) for bank transfer". (This information can be found at the bottom of the first pages of the opened bankbook).

## (7) If a representative is to submit the confirmation form and receive the payment, please fill in the following fields as well.

Japanese <i>Fui</i> Name of repres				Representative's date of birth		Address of representative
Representative				Meiji/Taish	no/Showa/Heisei	
				уу	mm dd	Daytime phone number
I hereby grant the ability to this representative to			Signature (or name and seal)			
- submit this confirmation form Represer		lower of Attorney sentatives do not need tion of delegation met		Name of the Head of Household	即	

\* If you are unable to open an account at a financial institution or otherwise are unable to receive benefits through a bank account, please contact the Welfare Division of Miki City Hall (0794-82-9008).

## Necessary documents for verifying the account of the financial institution to which the benefit will be transferred

\* A copy of the bankbook or cash card showing the name of the financial institution, account number, and the name of the account holder in Japanese Kana.

(<u>If you wish to have the money transferred to a bank account other than the one previously indicated on the upper left-hand side</u>, or if no account is indicated on the upper left-hand side, please submit the documents confirming the account indicated on the lower left-hand side.)

### **Necessary documents for identification of the applicant (representative)**

\* A copy of the individual number card, driver's license, passport, etc. (one of these documents)

(If you wish to have the money transferred to a bank account other than the one previously indicated on the upper left-hand side, or if no account is indicated on the upper left-hand side, or in the case that the representative submits the confirmation form (receives the payment), please submit the indicated documents.)

Please be sure to fill out section (1) through (5) on the left-hand side of this form and return it to us by April 25, 2022. If no account is indicated in the upper left-hand box, please enter the account information in section (6), and if you are a representative, please fill out section (7).