

Power of Attorney {委任状 : Ininjo}

Date _____ / _____ / _____

To: The Mayor of Kashihara City

◆Taxpayer (the person who needs the certificate)

Address _____

Name _____

Date of birth _____ / _____ / _____

Telephone number _____ (_____) _____

I appoint the person below as my representative and delegate authority to him or her to deal with the matters below.

◆Representative (the person applying at the information desk)

Address _____

Name _____

Date of birth _____ / _____ / _____

Telephone number _____ (_____) _____

《 Tax Payment Certificate 》

- Municipal and Prefectural Residence Tax {市県民税: Shikenminzei}

Fiscal year: _____ 年度分

- Corporate Inhabitant Tax {法人市民税: Hojinshiminzei}

Business year: _____ 年度分 _____ 年 _____ 月 _____ 日 ~ _____ 年 _____ 月 _____ 日まで

- Fixed Property Tax, City Planning Tax {固定資産税・都市計画税: Koteishisanzei/Toshikeikakuzei}

Fiscal year: _____ 年度分

- Light Vehicle Tax {軽自動車税: Keijidoshazei}

Fiscal year: _____ 年度分

- National Health Insurance Tax {国民健康保険税: Kokuminkenkohokenzei}

Fiscal year: _____ 年度分

- Certificate of full payment {完納証明書: Kannoshomeisho}

- Certificate of no non-payment {未納のない証明: Minononaihomei}

※ Certificate of no non-payment means certificate stating that there are no outstanding payments in the fiscal year. It cannot be issued if there are any taxable items in the fiscal year.

- Sales of alcoholic drinks {酒類販売: Syuruihanbai}

- Certificate of Public Interest {公益認定: Koekinintei}

《 Consultation 》

- Matters related to tax consultation

- Other (_____)

【 Please note the following 】

- Address and name must be written by hand by the person him/herself.
- Please tick the boxes for needed items.
- Please present documents confirming the identity of the representative.