

# Power of Attorney {委任状 : Ininjo}

Date Month/ Day / Year

To: The Mayor of Kashihara City

## ◆Taxpayer (the person who needs the certificate)

Address Kashiharashi Yagicho 1-1-18

Name Kashihara Taro

Date of birth 1 / 1 / 1990

Telephone number 000 ( 0000 ) 000

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 Kashiharashi Naizencho 1-1-60

Name Kashihara Kodai

Date of birth 1 / 1 / 1992

Telephone number 000 ( 0000 ) 000

## 《 Tax Payment Certificate 》

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

Fiscal year: 2018 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.