Address	
Name of	
Household Head	

Form No.

Notice on Payment Terms of Cash Handout for Households Exempt From Resident Tax Etc.

This notice is to inform that you are eligible for the Cash Handout for Households Exempt From Resident Tax Etc., based on your tax payment status in 2024. The amount is as detailed below.

1	Eligible Recipients	Households in which all members are registered residents of Komatsu City, and have been exempt from resident tax in 2024 as of December 13 2024. ※However, this excludes households where all members are dependents of a resident tax-payer.
2	Amount	30,000 yen
3	Application Method	Fill in the necessary info in the verification form on the right, detach and either mail back using the enclosed reply envelope, or submit at a service counter. (refer to sample behind)
4	Application Deadline	May 5 2025
5	Payment Method	Bank transfer to the designated bank account (approx. 3 weeks after processing) If the money has not been transferred even after 3 weeks have passed since sending your verification form, please contact the Welfare Division.
6	For Enquiries	 ©Contact Komatsu City Health & Welfare Department, Welfare Division [TEL] 0 7 6 1 (2 4) 8 0 5 5 [FAX] 0 7 6 1 (2 3) 0 2 9 4 [E-Mail] fukushika@city.komatsu.lg.jp [Phone Reception Hours] Mon-Fri 9:00~17:00 [Closed] Sat, Sun, public holidays

Please beware of scammers trying to get your personal information or money under the guise of application for the emergency cash handout for resident taxexempt households.

If you receive any suspicious calls or mail at home or work from people claiming to be public officials, please contact your municipal office or nearest police station, or the police consultation hotline at #9110.

For other languages

English

中文



別紙様式第1号(第6条関係)

Name of Household Head Current Address

Date of Issuance (y/m/d)

Mayor of Komatsu City Miyahashi Shoei

Verification Form for Cash Handout for Households Exempt From Resident Tax Etc.

This notice is to inform you of the handout amount scheduled to be paid to you, as you are eligible for the Cash Handout for Households Newly Exempt From Resident Tax Etc., based on your tax payment situation in 2024. <u>Please mail back this verification</u> <u>form using the enclosed return envelope by May 30 2025</u>, after confirming the details below.

■To be filled in by household head

Please verify that the following statements are true and tick the boxes to confirm:

□ ① None of the household members are dependents of other relatives etc. who are paying resident tax.

□ ② None of the household members are receiving an unreported salary subject to income-based resident tax.

③ This household has not already received the Cash Handout for Households Exempt From Resident Tax Etc. from another municipality.

%You can receive the handout only if you have ticked all three conditions from (1) to (3)

(Even if you have not ticked just one of the boxes, you will not be eligible for the handout.)

% Households with any members receiving resident tax exemption due to tax treaty arrangements are not eligible.

We may request refund of the handout if inaccuracies are found in the verified information. If you are unsure about your resident tax arrangements, or whether you are receiving dependent support, please check with family members. Note that you may be suspected of deception if you are found to have deliberately provided false infomation.

X If you do not submit this form or do not make any requested corrections, by the deadline stated above, the city will regard it as your withdrawal from this handout payment.

*Please cross the box on the right if you choose not to receive this handout. [My household will not receive this handout]

I verify that there are no disparities in the information printed above.

Household	Date	今和	(Reiwa	年		н			Phone no. contactable	
head name	verified	「」、小口	year)	+	(mth)	Л	(day)	Ц	in the day	

Details of bank account for receiving handout

(You are required to provide a copy of the bankbook. Please do not provide an account that has been inactive for a long time.)

[Recipient Account] ※After filling in the following blanks, please attach verfication documents for the specified bank account.

Bank Name	Branch Name	Туре	Account Number %align to the right	Account Name (Katakana) Write as printed in your passbook
1.銀行 4.信連 7.伯 2.金庫 5.農協 3.信組 6.漁協 Bank code	i連 本·支店 本·支所 出張所	1 Savings 2 Current		
Japan Post Bank	Passbook code (fill in the % blank if there are 6 digits)		Passbook number %align to the right	Account Name (Katakana) %Write as printed in your passbook
If using Japan Post Bank account, fill in the code (記号) and number printed on the upper left corner of the inside cover of the passbook the cash card.		$\bigvee \ \ [$		

(Note) If you are really not able to receive via bank account due to difficulties in creating an account etc., please contact the Komatsu City Welfare Division at 0761-24-8055

If a proxy (representative) is verifying on your behalf, please fill in the proxy verification section printed on the back

Proxy Verification Form

[If a proxy (representative)	is verifying/receiving	handout on your hehalf
Lii a pioxy (representative)	is verifying/receiving	nanuout on your benan

Р	Furigana Proxy Name	Relationship with applicant	Proxy's Birthdate	Proxy's Address		
r o x y		 Same household Legal proxy *Others 	明治 · 大正 · 昭和 · 平成 (y) 年 (m) 月 (d) 日			
		()		Phone no. co	ntactable in the day ()	
l apı	ooint the above as my proxy, and entrust verify · request receive both verify · request &	my special ca ←specificatio	on not needed if	Name of household head	Signature(or stamped name)	

* ["others" refers to relatives or other persons caring for the household head on a regular basis, as specially recognized by the mayor.

Bank account verification document

%Please provide a copy of your passbook or cashcard, with the bank name, account no. and account name (in Katakana) indicated

Personal identification document (Proxy)

%Copy of My Number Card (with photo), driver's license, passport, health insurance card, disability handbook, rehabilitation booklet, Mental Disability Health & Welfare Booklet etc. (just one of any of these) 別紙様式第1号(第6条関係)

Name of Household Head Current Address

Sample

Mayor of Komatsu City Miyahashi Shoei

Verification Form for Cash Handout for Households Exempt From Resident Tax Etc.

This notice is to inform you of the handout amount scheduled to be paid to you, as you are eligible for the Cash Handout for Households Newly Exempt From Resident Tax Etc., based on your tax payment situation in 2024. <u>Please mail back this verification</u> <u>form using the enclosed return envelope by May 30 2025</u>, after confirming the details below.

■To be filled in by household head

Please verify that the following statements are true and tick the boxes to confirm:

	10 None of the household members are dependents of other relatives etc. who are paying resident tax.
--	--

2 None of the household members are receiving an unreported salary subject to resident tax.

③ This household has not already received the Cash Handout for Households Exempt From Resident Tax Etc. from another municipality.

%You can receive the handout only if you have ticked all three conditions from (1) to (3)

(Even if you have not ticked just one of the boxes, you will not be eligible for the handout.)

X Households with any members receiving resident tax exemption due to tax treaty arrangements are not eligible.

We may request refund of the handout if inaccuracies are found in the verified information. If you are unsure about your resident tax arrangements, or whether you are receiving dependent support, please check with family members. Note that you may be suspected of deception if you are found to have deliberately provided false infomation.

<u>X</u> If you do not submit this form or do not make any requested corrections, by the deadline stated above, the city will regard it as your withdrawal from this handout payment.

%Please cross the box on the right if you choose not to receive this handout. [My household will not receive this handout \Box]

I verify that there are no disparities in the information printed above.

Household	Komatsu Taro	Date	△和	O ∉		Phone no. contactable	00-000
head name	Komatsu Taro	verified	令机	U+	Ол	in the day	00-0000

Details of bank account for receiving handout

(You are required to provide a copy of the bankbook. Please do not provide an account that has been inactive for a long time.) [Recipient Account] ※After filling in the following blanks, please attach verfication documents for the specified bank account

Bank Name	Branch Name	Туре	Account Number Xalign to the right	Account Name (Katakana) Write as printed in your passbook					
1.銀行 4 信連 7.信漁連 2.金庫 5.農協 3.信組 6.漁協 Bank code	本·支店 本·支所 出張所 Branch code	1 Savings 2 Current							
Japan Post Bank	Passbook code		Passbook number %align to the right	Account Name (Katakana) Write as printed in your passbook					
If using Japan Post Bank account, fill in the code (記号) and number(番号) printed on the upper left corner of the inside cover of the passbook, or on the cash card.	1 0 *	$\bigvee \ \ [$							

(Note) If you are really not able to receive via bank account due to difficulties in creating an account etc., please contact the Komatsu City Welfare Division at 0761-24-8055

If a proxy (representative) is verifying on your behalf, please fill in the proxy verification section printed on the back