

Notice of Fixed-Amount Tax Reduction Supplementary Benefit (Shortfall Compensation Benefit) for FY2025

To help households cope with high prices, the benefit will be provided to residents and their dependents who are not eligible for the fixed-amount tax reduction and who are not the head or member of a household receiving the low-income household benefit*.

* The low-income household benefit is provided to:

- Households exempt from residents' tax for 2023 (70,000 yen)
- Households subject only to per-capita residents' tax for 2023 (100,000 yen)
- Households that have become exempt from residents' tax or subject only to per-capita residents' tax for 2024 (100,000 yen)

This notice has been sent to those who were potentially eligible for the benefit at the time the notice was sent. (Please note that the benefit may not be provided in some cases after screening.) Before proceeding with the application process, please confirm the enclosed materials and read the attestation and agreement printed on the right side of the back of this document, and make an application electronically or submit the enclosed Application Form by mail by the above deadline. We will deem your submission of the Application Form as your confirmation of the attestation and agreement on the back.

Eligible Recipients (Shortfall compensation benefit II)	Those who reside in Nagoya City <u>as of January 1, 2025</u> and meet all of the following conditions: (1) Both of the amount of income tax for 2024 and that of residents' tax on an income basis for 2024 are 0 yen before fixed-amount tax reduction. (2) Not eligible for the fixed-amount tax reduction (not a spouse living in the same household or dependent included in the calculation of the tax reduction). (3) Fall under the category of "a family employee of a blue-return taxpayer" or "a family employee" or the total amount of income exceeds 480,000 yen. (4) Not a head or member of a household eligible for the low-income household benefit.
Amount of Benefit	Stated on the Application Form. * It will take <u>approximately one to two months</u> for the benefit to be transferred after the application.

<Attestation and Agreement> * Please be sure to check the following.

Confirmation of the following Attestation and Agreement is required when submitting the Application Form (Claim Form) for the Fixed-Amount Tax Reduction Supplementary Benefit (Shortfall Compensation Benefit) for FY2025.

- (1) I fall under the requirements for receiving the Fixed-Amount Tax Reduction Supplementary Benefit (Shortfall Compensation Benefit) for FY2025 (hereinafter referred to as the "Benefit").
- (2) I agree that Nagoya City may check public records such as the Basic Resident Registers and tax information, etc., as necessary to examine whether or not I meet the requirements for receiving the Benefit, and may request or provide other administrative agencies, etc., with necessary materials.
- (3) In the event that the information cannot be confirmed by the public registry, etc., I will submit the relevant documents.
- (4) I agree that after Nagoya City has made the decision to provide the Benefit, if the account transfer, etc. is not completed due to incomplete Application Form or other reasons, and if Nagoya City is unable to contact or confirm any missing information with the recipient by October 31, 2025, Nagoya City will deem the submission of this application to have been withdrawn.
- (5) If, after payment of the Benefit, any information on this application is found to be false, or if it is found that the recipient does not meet the requirements for payment of the Benefit, the Benefit will be returned by the recipient to Nagoya City.
- (6) I agree that Nagoya City will strictly manage the personal information contained in the Application Form and will not use it for any purpose other than the purpose of payment by Nagoya City, and that the said information will be stored for five years.
- (7) I have not already received the same kind of benefit from any other municipalities.
- (8) I have not received two or more benefits whose eligibility requirements cannot be met at the same time.

Instructions for filling in the Application Form

If there are any errors, please correct them by striking the error out with double lines and writing the correct information in the margin.

Please read the reverse side as well.



Please fill in the Application Form using black ink.
Do not use an erasable ballpoint pen.

令和7年度 定額減税補足給付金（不足額給付）申請書（請求書）

(宛先) 名古屋市長
以下のとおり申請します。

裏面記載の誓約・同意事項に同意の上、申請します。

1 申請・請求者

申請者	申請額
受給者の氏名	申請日 令和7年 9 月 1 日
名古屋 太郎	電話番号 日中に連絡可能な番号 090-1111-1111
住所	

※代理受給を行う場合は代理人の氏名・住所を記載してください。

2 振込先口座情報

(1) 金融機関（ゆうちょ銀行を除く）

金融機関名	支店名	分類	口座番号	口座名義（カナ）
はちまる銀行	なごや支店	1. 普通 2. 当座	11111111	ナコヤ タロウ

(2) ゆうちょ銀行

ゆうちょ銀行	(通帳) 記号	(通帳) 番号	口座名義（カナ）
通帳・キャッシュカードの 【記号・番号】を記入	12170	12345671	ナコヤ タロウ

記入された口座情報（通帳等）の写しを裏面に貼付してください

3 代理受給を行う場合（委任状）

※受給者以外の口座に振込を希望する場合に限り、記入してください。

記入日 令和7年 月 日		
受給者の氏名	受給者の住所	
代理人の氏名	代理人の住所	受給者との関係
電話番号		1. 親族 2. 法定代理人 3. その他

「3」はコールセンターへ連絡

電子申請をご利用ください。

紙の申請書に比べて電子申請の方が早期での支給が可能ですので、ご利用ください。
注1）代理受給を希望される場合は、電子申請をご利用できません。紙の申請書をご提出ください。
注2）電子申請または紙の申請書どちらか一方での手続きをお願いいたします。（紙の申請と重複して申請された場合、確認作業が生じるため、給付まで多くの時間を要します。よくご確認のうえ申請してください。）
※重複で申請された場合、申請日が遅い方の内容で処理する場合があります。



↑申請のお手続きはこちらから

事務局使用欄（記入不要）
不足額給付1

1 Please fill in the **date** of submission and the **name and address** of the recipient. If you choose to appoint an agent to receive the benefit, please fill in the name and address of the agent.
* If you opt to decline to receive the benefit, please write "Decline" in the "受給者の氏名(Name of the recipient)" section and return the form. In case there are any errors in the Application Form, we may call you to confirm the details, so please be sure to provide a **telephone number** (cell phone number if available) where we can reach you on weekdays from 9:00 a.m. to 5:00 p.m. JST.

2 Please fill in the transfer account of the recipient or the person accepted as an agent as specified in 3 "代理受給を行う場合（委任状）(Appointment of an agent (power of attorney))."
Please attach a photocopy of a bankbook/cashcard or an image of an online banking account that shows the name of the account holder, name of the financial institution, branch name, classification, account number, and the name of the account holder (in katakana) to the back of the Application Form.

3 If you choose to receive this benefit through an agent, it is required to write the date of application, the name and address of the recipient, the name and address of the agent, the relationship between the agent and the recipient, and the agent's telephone number where we can contact the agent on weekdays from 9:00 a.m. to 5:00 p.m. JST.

Eligible agents are the following:

1. Relatives
2. Legal representatives (adult guardian, curator, and assistant)
3. Others with whom you have made an agency agreement (guarantor organization, etc.)

* If you choose to receive this benefit through an agent, it is required to submit photocopies of the identification documents of the recipient and agent (health insurance card, driver's license, etc.) and a document that verifies the relationship between the recipient and the agent.

* If your agent falls under "3. Others" above, please contact our call center (☎050-3135-3260).

(1) Financial institution (excluding Japan Post Bank)

Bank account or Shinkin Bank account information (excluding Japan Post Bank)

Sample of bank or Shinkin Bank account passbook (excluding Japan Post Bank)

Account holder name: はちまる銀行株式会社

Bank name and branch: なごや支店

Account type and number: 普通 11111111

(2) Japan Post Bank (Yucho) account information

Japan Post Bank (Yucho) account information

Sample of Japan Post Bank passbook

Symbol/Number: 12110 12345671

Account holder name: ナコヤ タロウ