

1 About the payment of the flat-amount tax cut supplementary benefit (shortfall compensation benefit)

The flat-amount tax cut adjustment benefit (initial adjustment benefit) provided in FY2024 was calculated based on the estimated income tax amount for FY2024, using income and other relevant data from FY2023. Since the calculation was based on estimates, some individuals were later found to be eligible for a higher adjustment benefit once their actual income tax and flat-amount tax cut amounts for FY2024 were finalized. This notice is sent to individuals to whom this situation applies. The shortfall is calculated as follows, and the amount labeled as “Shortfall compensation benefit amount” will be paid.

(Possible cases) • Income for FY2024 was lower than in FY2023.

- The number of dependents increased, for example, due to the birth of a child in FY2024.

Amount of shortfall compensation benefit and calculation method

Name of recipient

Income tax

Possible amount of flat-amount tax cut

Amount of income tax for FY2024

Deduction shortfall amount for income tax (1)

(0 if < 0)

Residential tax income levy

Possible amount of flat-amount tax cut

Amount of residential tax income levy before the FY2024 tax cut

Deduction shortfall amount for residential tax (2)

(0 if < 0)

Adjustment benefit

Deduction shortfall amount for income tax (1)

Deduction shortfall amount for residential tax (2)

Total deduction shortfall amount (3) (1 + 2)

Adjustment benefit amount due (deduction shortfall amount) (3 rounded up to the nearest 10,000 yen)

Initial adjustment benefit amount already paid

Shortfall compensation benefit amount

How to apply Please apply using one of the following methods.

Submission deadline: November 14, 2025 (Friday) Postmark valid on the same day

• Online application Please apply online using the ID and password below.

Your ID Enter your date of birth with 8 digits (4 digits for the year + 2 digits for the month + 2 digits for the day) as your password. (For example, January 1, 2000 would be “20000101”)

Benefit application form

- If you have a smartphone or tablet, you can also apply using the QR code on the right.



\*Online application cannot be used if the funds are to be transferred to the account of an agent. In that case, please apply by mail.

• Application by mail

Please submit the following documents in the enclosed reply envelope.

[1] Confirmation form (right side of this form) [2] Identity verification document [3] Copy of account information

If the funds are to be transferred to the account of an agent, please enclose the following document in addition to the above.

[4] Identification verification document of the agent

• Benefit payment period

- Online application: Approximately one month after application
- Application by mail: Approximately one to two months after application

\*To confirm the payment, please review your recent transaction history or contact us at the number provided below.

Yokkaichi City Mayor

This is a benefit to make up for the shortfall in the flat-amount tax cut. Please proceed with the application after checking the details.

Yokkaichi City Living Support Benefits Office

Confirmation form for the FY2025 flat-amount tax cut supplementary benefit (shortfall compensation benefit), Yokkaichi City

Submission deadline: November 14, 2025 (Friday)

Postmark valid on the same day

2 Signature of recipient [Pledge and consent]

Please review the details of the shortfall compensation benefit and place your signature.

I have confirmed the details of the supplementary benefit that compensates for the shortfall between the flat-amount tax cut adjustment benefit (initial adjustment benefit) provided in FY2024 and the adjustment benefit determined after my actual income tax and flat-amount tax cut amounts for FY2024 were finalized. I claim this benefit with my pledge and consent.

Date of confirmation

(dd)/(mm)/(yyyy)

Signature of recipient

Furigana

Daytime contact information ( )

Please fill in the light blue fields and attach the required documents.

3 Designated financial institution account

• Please fill in your financial institution account information and attach a copy of your bankbook, etc. (See “Copy of account information” on Side C .)

\*If you enter the account number of someone other than the recipient, be sure to also fill in [5] on the back.

Financial institution name	Deposit type	Account holder name (katakana)
	1. Savings account	
Branch code (branch number) *Other than Japan Post Bank	Account number *Other than Japan Post Bank	
Code *Japan Post Bank	Number *Japan Post Bank	

4 Attached documents (Please check Side C .)

(Please copy each document on an A4 sheet.)

☐ Confirmation form (this form) ☐ Copy of identity verification document ☐ Copy of account information

In addition to the above, if the application is submitted by an agent or if the benefit is to be deposited into the agent’s account, ☐ Copy of agent’s identity verification document

\*In addition to the above, if the adult guardian, conservator, or assistant is the agent, ☐ Copy of the certificate of registered information or copy of the court decision document

5

If you have designated your agent’s financial institution account in [3] on Side A to receive the deposit

Please fill in the light blue fields and attach the required documents.

- Please place your signature below. The spouse, parent, and child of the recipient are also considered to be agents. If the agent’s relationship to the recipient is “Other,” please enter the relationship inside the parentheses.

Signature of recipient		I hereby authorize the person listed below to act as my agent and to confirm and receive the Temporary Special Benefit on my behalf.		Name of recipient			
Signature of agent	Name (title) of agent	Furigana	Agent address (location)	〒 – Daytime contact information ( ) –			
		Relationship to the recipient					

	Relationship to the recipient	
	Same household	Other
Those who can confirm/receive on behalf of the recipient	• A person listed on the same resident record as the recipient	• Relatives or other individuals who regularly take care of the recipient, etc.

Example of how to fill out the form if you wish the deposit to be made to your agent’s financial institution account

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If you have designated your agent’s financial institution account in [3] on Side A to receive the deposit

Please fill in the light blue fields and attach the required documents.

- Please place your signature below. The spouse, parent, and child of the recipient are also considered to be agents. If the agent’s relationship to the recipient is “Other,” please enter the relationship inside the parentheses.

Signature of recipient		I hereby authorize the person listed below to act as my agent and to confirm and receive the Temporary Special Benefit on my behalf.		Name of recipient		四日市 太郎	
Signature of agent	Name (title) of agent	Furigana	ヨツカイチ    ハナコ	Agent address (location)	四日市市XXXXXXXX		
		Relationship to the recipient	Same household      Other (Relationship: )				

Please fill out the form clearly and accurately using a black ballpoint pen. Do not use an erasable pen or pencil.

Photocopy of identity verification document

\*For **any one** of the following documents that is still valid, the part with the name and date of birth and the part with any changes

- **Driver’s license**
  - **Health insurance card (Eligibility confirmation certificate)**
  - **Passport**
  - **Residence Card (front and back)**
  - **Special Permanent Resident Certificate (front and back)**
  - **Physical disability certificate**
  - **Medical rehabilitation handbook**
  - **Certificate of insured person for long-term care insurance, etc.**
  - **National pension handbook, etc.**
  - **Basic Resident Registration Card (with photo)**
  - **My Number Card (photo side only)**
- \*A My Number Notification Card (without photo) cannot be used.

Copy of account information

\*Please also see the attached flyer.

• In the case of Japan Post Bank

Please submit a copy of a document that shows the “code,” “number,” and “account holder name.”

• In the case of banks other than Japan Post Bank (a photocopy of one of the following)

“Copy of the bankbook’s initial spread (pages 1 and 2)” “For accounts without a bankbook, a copy of the cash card (front and back) or an image of the electronic bankbook, etc.”

\*Please avoid using credit cards or debit cards that are linked to the account, as the name on the card may differ from the account holder or the name of the financial institution may be unknown.

If after receiving the benefit, you are found to be ineligible through an amended municipal tax return or other means, or if you received the benefit through false pretenses or other fraudulent means, you may be required to return the benefit.

Website for application status inquiries

- Enter the confirmation form number on the above website to check the application status.  
(Also available to those who applied by mail.)

- 多言語によるご案内は、右記のQRコードよりご確認ください。
  - 다국어 안내는 우측 QR 코드를 통해 확인해 주십시오.
  - Please scan the QR code on the right to get information about this form.
  - Para obtener información multilingüe sobre este formulario, escanee el código QR de la derecha.
  - Favor escanear o código QR para obter informações sobre este documento em várias línguas.
  - chi tiết cụ thể bằng các ngôn ngữ khác được hướng dẫn trong đường link này( đọc mã QR)
- 
- \*QR Code is a registered trademark of DENSO WAVE INCORPORATED.

1

About the payment of the flat-amount tax cut supplementary benefit (shortfall compensation benefit)

This notice provides information about a benefit for heads of households and household members who were not eligible for the flat-amount tax cut (as the taxpayer or dependent) and did not receive any of the benefits for low-income households\*. Eligible individuals will receive 40,000 yen per person or 30,000 yen if they were living outside Japan as of January 1, 2024. To qualify for the benefit, you must meet all of conditions (1) to (3) below. If any condition is not met, you are not eligible. In that case, please contact us.

- (1) The amounts of income tax for FY2024 and the residential tax income levy for FY2024 before the flat-amount tax cut were zero.
- (2) Not considered a “dependent” for tax purposes (e.g., a family member exclusively engaged in the business of a blue return filer or a white return filer, or a person with income exceeding 480,000 yen).
- (3) Not a head or member of a household that was eligible for any of the following benefits for low-income households\*.
- (Possible cases) • A family member exclusively engaged in the business of a blue return filer or a white return filer
- A person with income exceeding 480,000 yen

\*Benefits (a) to (c) below

(a) Benefit for FY2023 residential tax-exempt households (70,000 yen, provided between December 2023 and February 2024)

(b) Benefit for households subject only to the FY2023 residential tax per capita levy (100,000 yen, provided between March and June 2024)

(c) Benefit for households that became newly exempt from residential tax or subject only to the per capita levy in FY2024 (100,000 yen, provided between September and November 2024)

Name of recipient	Shortfall compensation benefit amount

yen

How to apply Please apply using one of the following methods.

Submission deadline: November 14, 2025 (Friday)

Postmark valid on the same day

- Online application Please apply online using the ID and password below.
- Your ID
- Enter your date of birth with 8 digits (4 digits for the year + 2 digits for the month + 2 digits for the day) as your password. (For example, January 1, 2000 would be “20000101”)

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- Please submit the following documents in the enclosed reply envelope.
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- Benefit payment period
- Online application: Approximately one month after application
- Application by mail: Approximately one to two months after application

\*To confirm the payment, please review your recent transaction history or contact us at the number provided below.

Yokkaichi City Mayor

This is a benefit to supplement the flat-amount tax cut.  
Please proceed with the application after checking the details.

Yokkaichi City Living Support Benefits Office

Confirmation form for the FY2025 flat-amount tax cut supplementary benefit (shortfall compensation benefit), Yokkaichi City

Submission deadline: November 14, 2025 (Friday)

2

Signature of recipient [Pledge and consent]

Postmark valid on the same day

Please review the conditions for the shortfall compensation benefit and place your signature.

- I meet all of the following conditions (1) to (3).
- (1) The amounts of income tax for FY2024 and the residential tax income levy for FY2024 before the flat-amount tax cut were zero.
- (2) Not considered a “dependent” for tax purposes (e.g., a family member exclusively engaged in the business of a blue return filer or a white return filer, or a person with income exceeding 480,000 yen).
- (3) Not a head or member of a household that was eligible for any of the following benefits for low-income households\*.
- \*(a) Benefit for FY2023 residential tax-exempt households (70,000 yen, provided between December 2023 and February 2024)
- (b) Benefit for households subject only to the FY2023 residential tax per capita levy (100,000 yen, provided between March and June 2024)
- (c) Benefit for households that became newly exempt from residential tax or subject only to the per capita levy in FY2024 (100,000 yen, provided between September and November 2024)

I have confirmed the details of the shortfall compensation benefit and claim this benefit with my pledge and consent.

Date of confirmation	(dd)/(mm)/(yyyy)	Signature of recipient	Furigana
			Daytime contact information ( ) -

Please fill in the light green fields and attach the required documents.

3

Designated financial institution account

- Please fill in your financial institution account information and attach a copy of your bankbook, etc. (See “Copy of account information” on Side C .)
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Branch code (branch number) *Other than Japan Post Bank	Account number *Other than Japan Post Bank	
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Signature of agent	Name (title) of agent	Furigana	Agent address (location)	〒      –      Daytime contact information (      )      –			
				Relationship to the recipient	Same household      Other (Relationship:      )		

	Relationship to the recipient	
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Signature of agent	Name (title) of agent	Furigana	ヨツカイチ      ハナコ	Agent address (location)	四日市市XXXXXXXX		
			四日市 花子		〒510-XXXX	Daytime contact information ( 059 ) 345-XXXX	Relationship to the recipient

Please fill out the form clearly and accurately using a black ballpoint pen. Do not use an erasable pen or pencil.

Photocopy of identity verification document

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- 多言語によるご案内は、右記のQRコードよりご確認ください。
- 关于本通知的中文版介绍，请扫描右边二维码确认。
- 다국어 안내는 우측 QR 코드를 통해 확인해 주십시오.
- Please scan the QR code on the right to get information about this form.
- Para obtener información multilingüe sobre este formulario, escanee el código QR de la derecha.
- Favor escanear o código QR para obter informações sobre este documento em várias línguas.
- chi tiết cụ thể bằng các ngôn ngữ khác được hướng dẫn trong đường link này( đọc mã QR)

\*QR Code is a registered trademark of DENSO WAVE INCORPORATED.

