

Application Form for the Supplemental Benefit for Shortfalls in the Flat-Rate Tax Cut

For Submission

市受付印

To Hikone City Mayor

C2

Contact No.

1. Applicant's Information (Person who may qualify for the cash benefit)

Katakana Name	Date of Birth	Current Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Eligibility Conditions / Terms and Conditions

2-1. If you meet the following eligibility conditions, you may qualify for a cash benefit calculated by Hikone City.

Please note that if the calculated shortfall amount is zero yen, no benefit will be provided.

[Eligibility Conditions]

A + B (If the total amount includes a fraction under 10,000 yen, it will be rounded up to the next 10,000 yen.) – C = Higher than Zero*

*If the calculated amount is above zero yen, you may qualify for the cash benefit payment. If zero or below zero yen, you do not qualify.

A: 30,000 yen × number of people eligible for tax reduction* – FY 2024 Income = ?

*A taxpayer and the number of dependents, etc. as of December 31, 2024.

(Including dependents aged under 16, but excluding any dependents who lives abroad.)

B: 10,000 yen × number of people eligible for tax reduction* – FY 2024 Individual Resident Tax = ?

*A taxpayer and the number of dependents, etc. as of December 31, 2023.

(Including dependents aged under 16, but excluding any dependents who lives abroad.)

C: Amount of tax cut under the initial flat-rate tax cut program

2-2. Terms and Conditions

A: The city may obtain necessary information about you and your household from the Basic Resident Register, Official Tax Register, and other administrative agencies to confirm your eligibility for this cash benefit program.

B: If your eligibility cannot be confirmed through the Basic Resident Register or other official public records, the City may require you to submit additional documents.

C: Once your application is approved and the benefit payment is made, this application form will serve as proof of payment.

D: You must return the full amount received through this cash benefit program if your application contains any misleading or fraudulent information (i.e. benefit frauded).



**Be sure to turn the form over and complete all required bank account details and other information.
If any required information is missing, the City will not be able to deposit your benefit payment.**



By signing below, I confirm that I have read, understood, and agree to the Eligibility Conditions and Terms and Conditions for this cash benefit program, as printed on the front of this form. I certify that the bank account details I have provided are accurate and wish to receive the benefit payment through this account. I also acknowledge that if I fail to submit any required corrections or additional information regarding my application by 4:45 PM on Friday, October 31, 2025, my application will be considered withdrawn automatically.

Applicant (Eligible Recipient)

Name	Full Name	Date of Signing	Reiwa 7/ mm / dd	Telephone Number	() -
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*If no name is signed above, the city cannot provide the cash benefit even if eligible.

Bank Account Details (Please provide the details of a bank account held in the applicant's name. Avoid using an account that has not been used for a long time.)

Financial Institution Name		Office Name	Type	Account Number *Write it from left to right.	Account Holder's Name *Please write the name in Katakana.
Financial Institution Code	Bank Kinko Kumiai Nokyo	Ten Shiten Shuccho	1. Saving 2. Checking	••••••••••	
	Office Code	••••		••••••••••	

Japan Post Bank	Bankbook Code If your code has a 6th number, write it in the box marked with "※".	Bankbook No. *Write it from left to right.	Account Holder's Name *Please write the name in Katakana.
Please write the code and number shown in the top left of your bankbook or on your cash card.	1 0 ※	1	

*Please contact the Hikone Call Center at 0120-139-105 if you do not have any bank accounts, live far away from the nearest bank or have other legitimate reasons why you wish to receive your benefit payment in cash, instead of via bank transfer.

*If you wish to give power of attorney to someone for applying for and/or receiving your benefit payment, you must complete and submit the power of attorney form on the back of this confirmation form.

Please attach photocopies of proof of your bank account, your identification, and any other required documents below.

① Proof of Bank Account

*Please ensure that you clearly photocopy the pages of your passbook showing your bank account details and/or your bank card.

*If you do not have a physical passbook, please print out a screenshot or page from the website or mobile app showing your account details.

*Bank account details refer to your account's financial institution code, branch name and code, account number, and account holder's Katakana name.

② Valid Identification

Acceptable Identification Forms Include: Plastic My Number Card, Driver's License, Disability Handbook, and Residence Card

③ Resident Tax Certificate for Fiscal Year 2024 (Tax Exemption Certificate)

*Please note that the required tax certificate is for Fiscal Year 2024, based on your 2023 income —not the most recent tax certificate for Fiscal Year 2025.



If your submission lacks any required documents or contains errors, the benefit payment will be significantly delayed. Please double-check that your submission includes photocopies of proof of your bank account and valid identification, and that you have filled in all the required information on the confirmation form

Contact Information: Hikone Call Center for Temporary Special Cash Handout Programs
The: 0120-139-105, Opening Hours: 9:00 AM - 4:45 PM, Weekdays