

① 記入例

Example Application Form

② 現住所

Current Address

③ 氏名

Name

④ 書き間違えた場合は、二重線で訂正してください。訂正印は不要です。

If you make a mistake, cross it out with double horizontal lines. You don't need to stamp the corrections with your personal seal.

⑤ 長岡市長

Nagaoka City Mayor

⑥ 調整給付金（※）支給要件確認書

Payment Confirmation Form for the Adjustment Benefits\*

⑦ 調整給付金とは、令和6年度に実施する所得税・個人住民税所得割の定額減税を十分に受けられない（定額減税可能額が、令和6年分の推計所得税額又は令和6年度分の個人住民税所得割額を上回る）方に対し、当該上回る額の合計額を基礎として1万円単位に切り上げて算定した額を支給するものです。

\*

The Adjustment Benefits are financial benefits for individuals who cannot fully receive the fixed-amount tax reduction for the 2024 fiscal year income tax or individual residential tax based on income (the possible fixed-amount tax reduction exceeds their 2024 fiscal year estimated income tax amount or individual residential tax amount based on income). The amount to be paid will be calculated by rounding up the excess of the fixed-amount tax reduction to the nearest ¥10,000.

⑧ 令和6年の所得税（推計）及び令和6年度の住民税の課税状況に基づき、支給対象者に該当するため、以下のとおり、支給予定額をお知らせします。

Since you are eligible for the adjustment benefits based on your estimated 2024 income tax status and 2024 fiscal year resident tax status, we are informing you of the amount to be paid as follows.

⑨ 下記の内容を確認のうえ必要事項を記入し、必要書類を添付して、令和6年10月31日（木）（消印有効）までにこの確認書を返送して下さい。審査の上、以下のとおり給付金を振り込

みます。

Confirm the information below, fill in the necessary information, attach necessary documents, and return this confirmation form by Thursday, October 31, 2024 (must be postmarked no later than this date). After reviewing the confirmation form, we will deposit the benefits as follows.

⑩ 支払方法 口座振込

Payment Method Bank Account Transfer

⑪ 支給日 確認書を受理した日から約4週間後

Payment Date: Around four weeks after we receive your confirmation form

⑫ 支給口座

Account Information: ( ) Bank ( ) Branch

⑬ 「支給口座」欄が空欄の場合、振込希望口座の記入・口座確認書類の添付をお忘れなく！  
詳細は、裏面をご覧ください。

If the “Payment Account” section is blank, be sure to fill in the account into which you wish to have the benefits deposited and attach the proper account confirmation documents! For detailed information, refer to the right half on the back of this form.

⑭ 支給予定額 万円

※「支給口座」欄が空欄の場合は、中面で振込口座を選択・記入してください。

Estimated Payment Amount ¥ 0,000

Note: If the “Payment Account” section is blank, choose an option (either ① or ②) on the upper left half on the back of this form. If you choose option ②, fill in the necessary details.

⑮ スマホでも手続きできます！

These procedures can be completed via smartphone.

⑯ 二次元コードを読み込み、スマートフォンやPCから手続きができます。※その場合、本書の返送は不要です。

You can complete the procedures via your smartphone or PC by using this QR code. Note: In this case, you do not need to return this confirmation form.

⑰ 調整給付金の支給額及び算出式

Payment Amount of the Adjustment Benefits and Calculation Method

⑱ 所得税

Income Tax

⑲ 定額減税可能額 3万円×(本人+扶養親族数) 円

Possible Amount of Fixed-Amount Tax Reduction

¥30,000 x (the eligible person + the number of dependent relatives)

⑳ 令和6年分推計所得税額 (下記注意事項※1参照)

2024 Estimated Income Tax Amount (Refer to Note 1 below)

㉑ 控除不足額 (①) (<0の場合は0)

Difference of Deduction (①) (Negative amounts equal 0)

㉒ 住民税所得割

Residential Tax Based on Income

㉓ 定額減税可能額 1万円×(本人+扶養親族数)

Possible Amount of Fixed Tax Reduction

¥10,000 x (the eligible person + the number of dependent relatives)

㉔ 令和6年度住民税所得割額

2024 Fiscal Year Residential Tax Based on Income

㉕ 控除不足額 (②) (<0の場合は0)

Difference of Deduction (②) (Negative amounts equal 0)

㉖ 調整給付金

Adjustment Benefits

㉗ 所得税 控除不足額 (①)

Income Tax Difference of Deduction (①)

㉘ 住民税所得割 控除不足額 (②)

Residential Tax Based on Income Difference of Deduction (②)

㉘ 控除不足額 計 (㉓)

Difference of Deduction Total (㉓)

㉙ 調整給付金支給額 (㉓を1万円単位に切上げ) 万円

Adjustment Benefits Payment Amount

(rounding up ㉓ to the nearest ¥10,000) ¥ 0,000

㉚ (注)「扶養親族数」には、控除対象配偶者、16歳未満の扶養親族を含みます(ただし国外居住者は除く)。

Note: The number of dependent relatives includes a spouse qualified for deduction and children who are 15 years old or under (overseas residents will be excluded).

㉛ 注意事項 (必ずお読みください)

Note: (Be sure to read!)

㉜ ※1 「令和6年分推計所得税額」欄の数値は、市が把握している令和5年分の課税資料をもとに、国が提供する「算定ツール」を使用して算出された推計額を記載しております。そのため、確定申告書や源泉徴収票の令和5年分所得税額と一致しない場合があります。令和6年分所得税額が確定し、給付不足がある場合は、令和7年度以降に追加給付予定です。

Note 1: The numerical value in the “2024 Estimated Amount of Income Tax” section is an estimated amount calculated based on the 2023 tax information gathered by the city and by using the “Calculation Tool” provided by the national government. Therefore, the estimated amount may not be the same as the amount of the 2023 income tax amount indicated on income tax returns or withholding tax slips. If there is a shortfall in benefits after the 2024 fiscal year income tax is finalized, additional benefits will be paid from 2025 onward.

㉝ ※令和6年中に市外に転居する予定の方又は転居した方は、本確認書が、追加給付に際して必要となる場合があるため、写し(コピー)を取って大切に保管ください。

If you plan to move out of the city or have already moved out in 2024, you may need this confirmation form to receive additional benefits. You are advised to make a photocopy and keep it safe.

㉞ ※上段の返送期限までに返信がない場合は、市は本給付金の支給を辞退したものとみなします。

Note: If you have not returned the confirmation form by the deadline shown above, the city will automatically assume that you have declined to receive these benefits.

③⑥ ※ 本給付金を受給しない場合は、下記のチェック欄（□）にレを入れ、理由を記入してください。

【 私は給付金を受給しません □ 理由： \_\_\_\_\_ 】

Note: If you have decided to decline to receive these benefits, check the box below and write your reason for declining.

[I have decided to decline these benefits. Reason: \_\_\_\_\_ ]

③⑦ 受給を辞退する場合にのみチェック欄（□）にレを入れてください。また、受給しない理由を記入してください。

Check the box and write the reason for declining the benefits ONLY if you have decided to decline the benefits.

③⑧ 上記記載内容に異議ありません。※意図的に虚偽の確認をした場合は返還を求めるほか、不正受給として詐欺罪に問われる場合があります。

I have no objection to the above information.

Note: If you have intentionally provided false information, you may be required to return the benefit and may also be charged with fraud as an unauthorized recipient.

③⑨ 氏名

Name

④⑩ 確認書が送付された本人の氏名となりますのでご注意ください。

Please note that the name to be filled in here should be the name of the person to whom this confirmation form was sent.

④⑪ 確認日

Date of Confirmation

④⑫ 連絡先電話番号

Contact Phone Number

④⑬ 日中に連絡可能な電話番号を記入してください。内容に不明な点等があった場合、確認・連絡させていただきます。

Fill in your daytime contact phone number. If the information you provided is not clear, we will contact you to confirm it.

④⑭ 必要書類等貼り付け用紙

Section for Attaching Necessary Documents

④⑤ 振込先金融機関口座確認書類

(金融機関名、口座番号、口座名義人(カナ)が分かる通帳やキャッシュカードの写し)

Confirmation documents for the account of the financial institution into which the benefits are to be deposited (photocopy of a bankbook or ATM card showing the name of the financial institution, account number, and name of the account holder in *katakana* characters)

④⑥ ※左面「(2) 給付金の振込先口座の変更等」の②に記入した口座への振込を希望する場合は、記入した口座の確認書類(コピー)を添付してください。

Note: If you wish to have the benefit deposited into the account indicated for option ② in “(2) Change of Payment Account to Receive the Benefits” to the left, attach a photocopy of the confirmation documents for that account.

④⑦ ※表面中段枠内の「支給口座」欄に記載の口座、または「現に使用している個人住民税の引落口座」への振込を選択された場合は添付不要です。

Note: If you have chosen to have the benefit deposited into the account listed in the “Payment Account” section (shown in the box in the middle on the front of the form) or the “Account Currently Used for Individual Residential Tax Debit Account,” you do not need to attach a photocopy of account confirmation documents.

④⑧ 通帳(見開き部分)やキャッシュカードの写しを添付

Attach a photocopy of a bankbook (opened to the first page) or ATM card

④⑨ ※表面中段枠内の「支給口座」欄に記載の口座、または左面(2)で「①現に使用している個人住民税の引落口座」への振込を選択された場合は添付不要。

Note: If you have chosen to have the benefit deposited into the account listed in the “Payment Account” section (shown in the box in the middle on the front of the form), or option ① Account Currently Used for Individual Residential Tax Debit Account in “(2) Change of Payment Account to Receive the Benefits” to the left, you do not need to attach a photocopy of a bankbook or ATM card.

⑤⑩ 本人確認書類【代理人による確認または受給の場合のみ】

※本人がこの確認書を記入及び受給する場合は添付不要です。

ID Confirmation Documents [only if a proxy is confirming or receiving the benefits]

Note: If the eligible person fills in the confirmation form or receives the benefits, a photocopy of necessary ID confirmation documents is not required

⑤⑪ ※運転免許証、健康保険証、マイナンバーカード(表面)、在留カード、介護保険証、パスポート等の写し(コピー)のうち、いずれかひとつ。

Note: A photocopy of any one of the following is required: driver’s license, health

insurance card, My Number Card (front side), residence card, nursing-care insurance certificate, or passport.

㉔ ※本人と代理人分それぞれの本人確認書類（写し）の添付が必要です。

Note: Photocopies of ID confirmation documents of both the eligible person and the proxy are necessary.

㉕ ※本人が本書類を記入した場合であっても、本人以外の名義の口座に振り込みを希望する場合は、本人と代理人（口座名義人）それぞれの本人確認書類の写しが必要です。併せて、左面の「代理人」欄も忘れず記入してください。

Note: Even if the eligible person fills in this confirmation document, photocopies of the respective ID confirmation documents of both the eligible person and the proxy (the account holder) are necessary if the eligible person wishes to have the benefits deposited into another person's account. Also, be sure to fill in the "Proxy" section to the left.

㉖ 本人確認書類の写しを添付。

(代理人による確認または受給の場合のみ)

※本人がこの確認書を記入し、本人名義の口座に振込を希望する場合は添付不要。

Attach a photocopy of proxy ID confirmation documents (only if a proxy is confirming or receiving the benefits)

Note: If the eligible person fills in this document and wishes to have the benefit deposited into their own account, ID confirmation documents are not necessary.

㉗ 給付金の振込先口座の変更等

Change of Payment Account to Receive the Benefits

㉘ 表面中段枠内の「支給口座」欄が空欄の場合や、別の口座への振込みを希望する場合には、以下いずれか1つのチェック欄（）にレを入れてください。

If the "Payment Account" section (shown in the box in the middle on the front of the form) is blank or if you wish to have the benefits deposited into another account, check either one of the boxes below.

㉙ ① 現に使用している個人住民税の引落口座への振込を希望します。(通帳等の写しは不要)

※当該口座の確認のため、担当部局に照会することを承諾したものとみなします。

☐ I wish to have the benefits deposited into the account currently used for my individual residential tax debit account. (A photocopy of a bankbook or ATM card is not necessary.)

Note: If you choose this option, we will assume that you agree to our contacting the relevant department for confirmation of the relevant account.

⑤⑧ ② 下記の口座への振込を希望します。

(通帳等の写しを添付する必要があります。長期間入出金のない口座を記入しないでください。)

② I wish to have the benefits deposited into the account below.

(A photocopy of a bankbook or ATM card is required. Do not fill in an account that has had no deposits or withdrawals for a long time.)

⑤⑨ 表面の「支給口座」欄に記載の口座へ振込を希望する場合この項目は記入不要です。

You don't have to fill in this section if you wish to have the benefits deposited into the account listed in the "Payment Account" section on the front of the form.

⑥⑩ 表面の「支給口座」欄が空欄、または別の口座への振込を希望する場合

該当する下記いずれかの番号欄 (□) にレを入れてください。

If the "Payment Account" section on the front of the form is blank or if you wish to have the benefits deposited into another account, check either one of the applicable boxes.

① 現に使用している個人住民税の引落口座があり、そこに振込を希望する場合。※ただし

口座名義が、給付対象者本人の名義である場合に限りです。

Option ① is for those who wish to have the benefits deposited into the account currently used for their individual residential tax debit account.

Note: The name of the account holder must be that of the eligible person for these benefits.

② 新たに口座を指定する場合、希望する振込先の金融機関名等を下記の受取口座記入欄に

記入してください。

Option ② is for those who wish to specify a new account. Fill in the details for the account into which you wish to have the benefit deposited in the section below.

⑥⑪ 表面「支給口座」欄

The "Payment Account" section on the front of the form

⑥⑫ 金融機関名

Name of Your Financial Institution

⑥⑬ 支店名

Branch Name

⑥⑭ 分類

Type of Account

⑥⑤ 口座番号（右詰めでお書きください。）

Account Number(The last digit should be in the last space on the right.)

⑥⑥ 口座名義（カナ）

※「申請・請求者」名義に限る

※通帳の表記に合わせてください。

Account Holder's Name (in *katakana* characters)

Note: The account holder must be the applicant and requestor of this benefit.

Note: Write the account holder's name exactly the same as indicated in the bankbook.

⑥⑦ ゆうちょ銀行

ゆうちょ銀行を選択された場合は、貯金通帳の見開き左上またはキャッシュカードに記載された記号・番号をお書きください。

Yucho Ginko, Japan Post Bank

If you chose Yucho Ginko (Japan Post Bank), fill in the code and the number printed on the upper-left side of the facing page of the bankbook or your ATM card.

⑥⑧ 通帳番号

6桁目がある場合は、※欄にご記入ください。

Bankbook Code (For 6-digit codes, put the 6th digit in the box with the ※.)

⑥⑨ 通帳番号（右詰めでお書きください。）

Bankbook Number (The last digit should be in the last space on the right.)

⑦⑩ 口座名義（カナ）

※「申請・請求者」名義に限る

※通帳の表記に合わせてください。

Account Holder's Name (in *katakana* characters)

Note: The account holder must be the applicant and requestor of this benefit.

Note: Write the account holder's name exactly the same as indicated in the bankbook.

⑦⑪ ゆうちょ銀行の場合、下段に記入してください。

If you are using Japan Post Bank, fill in the lower section, which is only for Japan Post Bank accounts.

⑦⑫ （注）金融機関の口座がない方、金融機関から著しく離れた場所に住んでいる方など、どうしても口座による受け取りが出来ない方は、長岡市給付金専用コールセンター（0258-3

9-2347 平日8:30~17:15)までお問い合わせください。

(Note) If you do not have an account at a financial institution or if you live very far from a financial institution and cannot receive the benefits through your account, contact the Nagaoka City Benefit Call Center.

(special line for benefits only: 0258-39-2347 Weekdays 8:30 a.m. – 5:15 p.m., Monday to Friday)

㉓ 代理人が記入または受給等する場合は、以下にも記入してください。

(※本人が記入する場合であっても、本人以外の名義の口座に振り込みを希望する場合は、こちらにも記入が必要です。)

If a proxy fills in the confirmation form or receives the benefits, fill in the section below.

(Note: Even if the person eligible for these benefits completes this form, they must fill in this section if they wish to have the benefits deposited into another person's account.)

㉔ 代理人

Proxy

㉕ (フリガナ) 代理人氏名

(in *katakana* characters) Proxy's Name

㉖ 代理人が確認または受給する場合のみ記入してください。

Fill in only if a proxy confirms the contents of this form or receives the benefits.

㉗ 本人との関係

Proxy's Relationship to the Eligible Person

㉘ 代理人生年月日

Representative's Date of Birth

㉙ 代理人現住所 電話

Proxy's Address and Phone Number

㉚ 確認書が送付された本人の氏名となりますのでご注意ください。

Please note that this is the name of the eligible person to whom the confirmation form was sent.

㉑ 上記の者を代理人と認め、

調整給付金の

確認・請求

を委任します。

受給

←法定代理の場合は委任方法の選択は不要です。

確認・請求及び受給

I authorize the above person to act as my proxy to  
confirm and claim  
receive  
confirm, claim, and receive  
the adjustment benefits.

In the case of a legal representative, do not select anything here. In all other cases,  
circle one of these options.

㉒ 本人氏名 署名

The Eligible Person's Name  
Signature

㉓ 提出書類の確認をしましょう

(記入・チェック漏れ、添付書類の不備がある場合、給付を受けられません)

Confirm the necessary documents to be submitted.

(Benefits will not be provided if the sections, check boxes, or attached documents  
are incomplete.)

㉔ 調整給付金支給確認書 (この書類)

※必要事項はすべて記入されていますか?

【表面】氏名、確認日、連絡先電話番号

【中面】振込口座の選択、記入 (表面の「支給口座」欄が空欄の場合)

㉔ Payment Confirmation Form for the Adjustment Benefits (this document)

Note: Are all the necessary items filled in?

[Front of this form] Name, Confirmation Date, Contact Phone Number

[Back of this form] Selection of Payment Account and Account Information (If  
the "Payment Account" section on the front of the form is blank.)

㉔ 添付書類に不備がないか必ず確認をお願いいたします。添付書類に不備がある場合、給付受けられません。

Please be sure to confirm that all the required documents are attached. If any required documents are missing, you cannot receive the benefits.

㉕ 受取口座を確認できる書類の写し

※「(2) 給付金の振込先口座の変更等」で、②をチェックした場合のみ添付してください。

※通帳やキャッシュカードの写し(コピー)など、受取口座の金融機関名・口座番号・口座名義人を確認できる部分の写し(コピー)を右面の「必要書類等貼り付け面」に添付してください。

#### Photocopy of Documents to Confirm the Payment Account

Note: Attach a photocopy of a document to confirm the payment account only if you checked option ② in “(2) Change of Payment Account to Receive the Benefits”.

Note: Attach a photocopy of a bankbook (opened to the first page) or ATM card that clearly indicates the financial institution’s name, account number, and account holder’s name in the “Section for Pasting Necessary Documents” to the right.

㉖ 本人確認書類の写し【代理人の場合のみ】※本人がこの書類を記入及び受給する場合は添付不要です。

※本人確認書類は、運転免許証、健康保険証、マイナンバーカード(表面)、在留カード、介護保険証、パスポート等の写し(コピー)のうち、いずれかひとつ

※本人と代理人分それぞれを、右面の「必要書類等貼り付け面」に添付してください。

#### Photocopy of ID Confirmation [only for a proxy]

Note: If the eligible person fills in the document and receives the benefit, a photocopy of an ID confirmation document is not necessary.

Note: The eligible person’s ID confirmation document can be a photocopy of any one of the following: driver’s license, health insurance card, My Number Card (front side), residence card, nursing-care insurance certificate, or passport.

Note: Attach photocopies for both the eligible person and the proxy in the “Section for Pasting Necessary Documents” to the right.

㉗ 記入後の「支給確認書(この書類)」を、コピーまたはスマホ等で撮影しておくことをおすすめします!

支給金額や指定した振込口座等を後から確認したい場合に役立ちます。

We highly recommend that you make a photocopy of the “Payment Confirmation Form” (this document) after filling it in or take a picture of it with a smartphone or other device. This way, you can confirm the payment amount and the designated payment account whenever you wish after you complete the procedure.