

Notification of Incorporation/ Establishment of a Company

(Must file notifications of the establishment with each of the prefectural and municipal authorities to which local taxes are to be paid.)

Notification of Incorporation/ Establishment of a Company-Local municipality offices

(For Branch Office and Subsidiary Company[KK/GK Co.])

<p>Receipt stamp</p> <p>Month day, 20XX</p> <p>To: Mayor of City, Town or Village</p> <p>We hereby notify new incorporation/ establishment of a company.</p>		* Reference number	
(Phonetic transcriptions in katakana) Address of a head office or a principal place of business		Zip code	Building name, etc.
Place of tax payment		Telephone number: () -	
(Phonetic transcriptions in katakana) Name of company		Zip code	
Corporate number		Telephone number: () -	
(Phonetic transcriptions in katakana) Name of representative			[Seal]
Representative's contact address		Zip code	
Addressee <input type="checkbox"/> Address of head office <input type="checkbox"/> Address of representative Contact address <input type="checkbox"/> Other		Telephone number: () -	
		Zip code	Building name, etc.
		Telephone number: () -	
Date of incorporation/ establishment	Month day, 20XX	Business year	Starting on Month day and ending on Month day
Amount of capital or money invested	¥	Existence or nonexistence of a disposition (approval) of extension of the due date of a local tax return	Enterprise tax Yes No for a period of XX months starting on XX business year
Amount of capital etc.	¥	(Statement unnecessary)	Inhabitant tax Yes No for a period of XX months starting on XX business year
Business purpose (Those stated in the Articles of Incorporation, etc.) (Those actually performed or scheduled to be performed)	Total number of employees		Number of local employees in city
	Branch, local office, factory, etc.	Name	Address
			Telephone number: () -
			Telephone number: () -
		Telephone number: () -	Date of establishment
Form of establishment	1 Reorganization to a company from an individual enterprise 2 Incorporation by merger 3 Incorporation by corporate division (split-off-type, spin-off-type and other types) 4 Incorporation by investment in kind 5 Other ()		
The state of a private enterprise before the incorporation, a corporation dissolved by merger, a split corporation or investors, if a form of incorporation falls under any of 1 through 4	Name of business owner, name of corporation dissolved by merger, name of split corporation, or name of investor		Place of tax payment
			Content of business, etc.
Qualification category, if a form of incorporation falls under any of 2 through 4	Qualified/Other		Attached documents, etc. 1. A copy of the Articles of Incorporation, etc. 2. A certificate of the registered matters (a certified complete copy of historical matters), or online registration information; ③ Please confirm to the municipalities in advance in case of using the online registration information provision system. 3. A copy of a contract of merger 4. A copy of a split planning report 5. Other ()
Date of commencement of business	20XX, ,		
Whether or not "Notification of Establishment of an Office, Etc. Paying Salaries" has been submitted	Yes, No		
Check the checkbox <input type="checkbox"/> appropriate for the details of notification. <input type="checkbox"/> A corporation that has a head office, etc. in the ward or municipality concerned and offices, etc. in multiple wards or municipalities <input type="checkbox"/> A corporation that has a branch, etc. in the ward or municipality concerned and offices, etc. in multiple wards or municipalities <input type="checkbox"/> A corporation that has an office, etc. only in the ward or municipality concerned	In the case of using the online registration information provision system		Reference number
Licensed tax accountant concerned	Name	Address of Office	Date of issue: Month day, year
		Zip code	Month day, year
		Telephone number: () -	
A corporation incorporated is a consolidated subsidiary.	Name of consolidated parent corporation	Date of submission of "Documents containing a statement to the effect that Full Controlling Interest Has Been Obtained," etc.	Consolidated parent corporation Month day, year
	Place of tax payment of consolidated parent corporation	Zip code	Consolidated subsidiary Month day, year
		Telephone number: () -	Competent tax office
			Settlement term
Signature and seal of licensed tax accountant	[Seal]		
Category of business	<input type="checkbox"/> Manufacturing industry <input type="checkbox"/> Other (Specify XX industry.)	In the case of a nonprofit corporation, etc.	<input type="checkbox"/> Conduct profit-making business. <input type="checkbox"/> Do not conduct profit-making business.
In the case of a general incorporated association/ general incorporated foundation	<input type="checkbox"/> Nonprofit corporation <input type="checkbox"/> Ordinary corporation	* Processing column	

Part 3 (for submission to municipalities) * Submit notification to respective agencies.

(Standardized form for National Tax Agency,
Tokyo Metropolis and municipalities)

Notification of Incorporation/ Establishment of a Company

(Must file notifications of the establishment with each of the prefectural and municipal authorities to which local taxes are to be paid.)

Notification of Incorporation/ Establishment of corporation-Tokyo Metropolitan (For Branch Office and Subsidiary Company[KK/GK Co.]

<p>Receipt stamp</p> <p>Month day, 20XX</p> <p>To: Director of Tokyo Metropolitan Taxation Office/ Head of Branch Office</p> <p>We hereby notify new incorporation/establishment of a corporation.</p>		(Statement on commencement of business, etc. Part 1)		* Reference number
		(Phonetic transcriptions in katakana) Address of a head office or a principal place of business Zip code _____ Name of building, etc. _____ Telephone number: () - _____		
		Place of tax payment Zip code _____ Telephone number: () - _____		
		(Phonetic transcriptions in katakana) Name of company		
		Corporate number		
		(Phonetic transcriptions in katakana) Name of representative Telephone number: () - _____ [Seal]		
		Representative's contact address (Statement unnecessary)		
		Telephone number: () - _____		
		(Phonetic translation in katakana) Addressee <input type="checkbox"/> Address of head office <input type="checkbox"/> Address of representative Contact address <input type="checkbox"/> Other		
		Zip code _____ Name of building, etc. _____ Telephone number: () - _____		
Date of incorporation/ establishment	Month day, 20XX	Business year	Starting on Month day and ending on Month day	
Amount of capital or money invested	¥	Existence or nonexistence of a disposition (approval) of extension of the due date of a local tax return	Enterprise tax	Yes No for a period of XX months starting on XX business year
Amount of capital etc.	¥	(Statement unnecessary)	Inhabitant tax	Yes No for a period of XX months starting on XX business year
Business purpose	(Statement unnecessary) Place a checkmark in the last business category column.		Total number of employees	Number of local employees in city
	Branch, local office, factory, etc.	Name	Address	Date of establishment
			Telephone number: () - _____	• •
			Telephone number: () - _____	• •
		Telephone number: () - _____	• •	
Form of incorporation	1 Reorganization to a company from an individual enterprise 2 Incorporation by merger 3 Incorporation by corporate division ¹ (split-off-type, spin-off-type and other types) 4 Incorporation by investment in kind 5 Other ()			
The state of a private enterprise before the incorporation, a corporation dissolved by merger, a split corporation or investors, if a form of incorporation falls under any of 1 through 4	Name of business owner, name of corporation dissolved by merger, name of split corporation, or name of investor		Place of tax payment	Content of business, etc.
Qualification category, if a form of incorporation falls under any of 2 through 4	Qualified/Other		Attached documents, etc. 1. A copy of the Articles of Incorporation, etc. 2. A certificate of the registered matters (a certified complete copy of historical matters), or online registration information: 3. A copy of a contract of merger 4. A copy of a split planning report 5. Other ()	
(Statement unnecessary)	(Statement unnecessary)			
Check the checkbox <input type="checkbox"/> appropriate for the details of notification. <input type="checkbox"/> A corporation that has a head office, etc. in the ward or municipality concerned, and offices, etc. in multiple wards or municipalities. <input type="checkbox"/> A corporation which has a branch etc. in the ward or municipality concerned, and offices etc. in multiple wards or municipalities. <input type="checkbox"/> A corporation which has an office etc. only in the ward or municipality concerned			In the case of using the online registration information provision system Reference number _____ Date of issue: _____ Metropolis _____ Month day, year City _____ Month day, year	
Licensed tax accountant concerned	Name	Address of Office	Zip code	Telephone number: () - _____
If a corporation incorporated is a consolidated subsidiary	Name of consolidated parent corporation	Date of submission of "Documents containing a statement to the effect that Full Controlling Interest Has Been Obtained," etc.	Consolidated parent corporation	Consolidated subsidiary
	Place of tax payment of consolidated parent corporation	Zip code	Month day, year	Month day, year
		Telephone number: () - _____	Competent tax office	Settlement term
Signature and seal of licensed tax accountant		[Seal]		
Category of business		<input type="checkbox"/> Manufacturing industry <input type="checkbox"/> Other (Specify XX industry.)	<input type="checkbox"/> Conduct profit-making business. <input type="checkbox"/> Do not conduct profit-making business.	
In the case of a general incorporated association/ general incorporated foundation		<input type="checkbox"/> Nonprofit corporation <input type="checkbox"/> Ordinary corporation	* Processing column	Administration slip _____ Input _____ Cross-check _____

Ordinance and Rules Appended Form No. 32 (B) Part 2
(for submission to Tokyo Metropolitan Taxation Office/Branch Office)
* Submit notification to respective agencies.

Standardized form for National Tax Agency,
Tokyo Metropolitan and municipalities.