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Форма по КНД 1151158

Справка
об оплате образовательных услуг для представления в налоговый орган

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| Номер справки |  |  |  |  |  |  |  |  |  |  |  |  | Номер корректировки |  |  |  | Отчетный год |  |  |  |  |

Данные образовательной организации / индивидуального предпринимателя, осуществляющего образовательную деятельность:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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(наименование образовательной организации/фамилия, имя, отчество1 индивидуального предпринимателя)

Данные физического лица (его супруга / супруги), оплатившего образовательные услуги (далее – налогоплательщик):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| ИНН2 |  |  |  |  |  |  |  |  |  |  |  |  | Дата рождения |  |  | . |  |  | . |  |  |  |  |

Сведения о документе, удостоверяющем личность:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Код вида документа |  |  | Серия и номер |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Дата выдачи |  |  | . |  |  | . |  |  |  |  |

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| Налогоплательщик и обучаемый являются одним лицом |  | 0 – нет1 – да |

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| Сумма расходов на оказанные образовательные услуги |  |  |  |  |  |  |  |  |  |  |  |  |  | . |  |  |

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| **Достоверность и полноту сведений, указанных в настоящей справке, подтверждаю:**

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(фамилия, имя, отчество1)

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| Подпись |  | Дата. |  |  | . |  |  | . |  |  |  |  |

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| Справка составлена на |  |  |  | страницах |

 | **Зона QR-кода** |

1 – Отчество указывается при наличии (относится ко всем листам документа).

2 – ИНН указывается при наличии.

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| ИНН |  |  |  |  |  |  |  |  |  |  |  |  |

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Данные физического лица, которому оказаны образовательные услуги1:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| ИНН2 |  |  |  |  |  |  |  |  |  |  |  |  | Дата рождения |  |  | . |  |  | . |  |  |  |  |

Сведения о документе, удостоверяющем личность:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Код вида документа |  |  | Серия и номер |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Дата выдачи |  |  | . |  |  | . |  |  |  |  |

1 – Отчество указывается при наличии (относится ко всем листам документа).

2 – ИНН указывается при наличии.

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| --- | --- | --- |
|  | Достоверность и полноту сведений, указанных на данной странице, подтверждаю: |  |
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|  | (подпись) |  | (дата) |

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