Директору КГА ПОУ ХТК

Л.В. Меняковой

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(ФИО)

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(адрес фактического места жительства)

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(номер телефона)

ЗАЯВЛЕНИЕ

*Прошу выдать справку об о оплате образовательных услуг для предоставления в налоговый орган (для получения налогового вычета).*

*Обучение проводилось* ***по очной*** *форме или* ***заочной форме*** *обучения, на* ***курсах*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

(указать)

*За \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ год обучения*

(указать год обучения)

*Данные физического лица, оплатившего образовательные услуги (далее – налогоплательщик):*

*Фамилия*

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*Имя*

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*Отчество*

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(при наличии)

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(при наличии)

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*Дата рождения*

*Сведения о документе, удостоверяющем личность*

*Паспорт, серия и номер*

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*Дата выдачи*

*Налогоплательщик и обучаемый являются одним лицом\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(*да/нет*)*

*Данные физического лица, которому оказаны образовательные услуги (****обучающийся****).*

***!!!Данные заполняются, если налогоплательщик и лицо, в пользу которого заключен договор (договоры) не являются одним лицом!!!***

*Фамилия*

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*Имя*

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*Отчество*

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(при наличии)

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(при наличии)

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*Дата рождения*

*Сведения о документе, удостоверяющем личность*

*Паспорт, серия и номер*

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*Дата выдачи*

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*Справку прошу выдать: на руки*  *направить по почте*

*На электронную почту \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

(указать электронную почту)

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(дата) (подпись) (расшифровка подписи)

ВНИМАНИЕ!

**Справка готовится в течении 5 (пяти) рабочих дней.**

Справку можно забрать по адресу: г. Хабаровск, ул. Московская, д. 6а, каб. № 316, предварительно позвонить бухгалтеру Дорошевой Светлане Евгеньевне, тел. 30-19-41

***НЕОБХОДИМО ЗАПОЛНИТЬ СОГЛАСИЕ НА ОБРАБОТКУ ПЕРСОНАЛЬНЫХ ДАННЫХ НА ОБОРОТНОЙ СТОРОНЕ ЗАЯВЛЕНИЯ!***