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| Rzeczpospolita Polska | | | | | | | | | | | | Naczelnik Urzędu Skarbowego w | | | | | | | | | | | | | | | | | | | | |  | | | SYMBOL/00/00 / Adnotacje urzędu | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Wniosek o zwrot kwoty wydanej za zakup kasy rejestrującej** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Instrukcja wypełnienia dokumentu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | Wniosek złóż do tego samego urzędu skarbowego, który zarejestrował twoją kasę rejestrującą. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | WYPEŁNIJ WIELKIMI LITERAMI. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | Pola wyboru oznaczaj  lub . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | Wypełniaj kolorem **czarnym** lub **niebieskim**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Dane podatnika** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **2.1. Dane identyfikacyjne podatnika** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nazwa firmy/Imię i nazwisko | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Numer NIP | | | | | | | | | | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | | |
|  | | | | | | | | | | | | **2.2. Informacja o licencji na wykonywanie transportu drogowego taksówką oraz numerze rejestracyjnym i bocznym taksówki, w której zainstalowano kasę rejestrującą** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numer licencji | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Numer rejestracyjny | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Numer boczny taksówki | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | *Wypełnij tylko gdy świadczysz usługi przewozu osób oraz ich bagażu podręcznego taksówkami.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **2.3. Adres siedziby lub miejsca zamieszkania podatnika** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejscowość | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ulica | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nr domu | | | | | | | | | | | |  | | | | | | | Nr lokalu | | | | | |  | | | | | | Kod pocztowy | | | | | | | | | | | | |  | | |  | | | - | | |  | | |  | | |  | |
|  | | | | | | | | | | | | **2.4. Dane kontaktowe podatnika** *(dane kontaktowe nie są obowiązkowe, ale ułatwią kontakt w sprawie wniosku)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Numer telefonu | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Adres poczty elektronicznej | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **2.5. Dane pełnomocnika** *(podaj jeśli w sprawie ustanowiłeś pełnomocnika)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i nazwisko | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **2.6. Adres korespondencyjny podatnika** *(jeśli w sprawie ustanowiłeś pełnomocnika to podaj jego adres)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejscowość | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ulica | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nr domu | | | | | | | | | | | |  | | | | | | | Nr lokalu | | | | | |  | | | | | | Kod pocztowy | | | | | | | | | | | | |  | | |  | | | - | | |  | | |  | | |  | |
| **3. Treść wniosku** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **3.1. Wnioskowana kwota zwrotu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | *Podaj kwotę zwrotu – maksymalnie 700 zł.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **3.2. Numer rachunku bankowego podatnika lub jego rachunku w spółdzielczej kasie oszczędnościowo-kredytowej, której jest członkiem, na który należy dokonać zwrotu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. Podstawa prawna** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| § 4 rozporządzenia Ministra Finansów z dnia 29 kwietnia 2019 r. w sprawie odliczania lub zwrotu kwot wydanych na zakup kas rejestrujących oraz zwrotu tych kwot przez podatnika | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. Załączniki** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. | | | | | | | |  | |  | | Kopia faktury potwierdzającej zakup kasy rejestrującej wraz z kopią dowodu zapłaty całej należności za jej zakup, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. | | | | | | | |  | |  | | Kopia raportu fiskalnego miesięcznego wystawionego przy użyciu kasy rejestrującej potwierdzającego prowadzenie ewidencji sprzedaży, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | |  | |  | | Kopia świadectwa przeprowadzonej legalizacji ponownej taksometru współpracującego z kasą o zastosowaniu specjalnym służącą do prowadzenia ewidencji przy świadczeniu tych usług, w tym również zintegrowanego w jednej obudowie z kasą, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | *Załącz jeśli świadczysz usługi przewozu osób oraz ich bagażu podręcznego taksówkami.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | |  | |  | | Dokument pełnomocnictwa, o ile został ustanowiony pełnomocnik, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5. | | | | | | | |  | |  | | Opłata z tytułu udzielenia pełnomocnictwa, o ile został ustanowiony pełnomocnik. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Data i podpis podatnika** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | *DD-MM-RRRR* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podpis | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |