**企业所得税征收方式变更（调整）申请确认表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 纳税人识别号 |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |
| 纳税人名称 |  | | | | | | | | | | | | | | | | |
| 开业时间 |  | | | | | | 所属行业 | | | | |  | | | | | |
| 经济类型 |  | | | | | | 联系电话 | | | | |  | | | | | |
| 征收  方式  变更 | 审核项目 | | | | | | 纳税人自评 | | | | | 核实情况 | | | | | |
| 1、帐簿设置情况 | | | | | |  | | | | |  | | | | | |
| 2、收入总额的核算情况 | | | | | |  | | | | |  | | | | | |
| 3、成本费用核算情况 | | | | | |  | | | | |  | | | | | |
| 4、账簿、凭证保存情况 | | | | | |  | | | | |  | | | | | |
| 5、纳税义务履行情况 | | | | | |  | | | | |  | | | | | |
| 应税所得率（所得税额）调整 |  | | | | | | 原有 | | | | | 申请调整 | | | | | |
| 1、行业 | | | | | |  | | | | |  | | | | | |
| 2、收入（成本费用）额 | | | | | |  | | | | |  | | | | | |
| 3、应税所税率（所得税额） | | | | | |  | | | | |  | | | | | |
| 企业申请变更（调整）说明：    经办人（签字）            公章       年   月   日 | | | | | | | | | | | | | | | | | |
| 调查人员意见：    经办人（签字）：     年   月   日  分局长（签字）：       年 月 日 | | | | | | | | | | | | | | | | | |
| 县（区）局审批意见：    经办人（签字）       主管局长（签字）     年   月   日 | | | | | | | | | | | | | | | | | |

注：该表一式三联，主管税务机关和县（市、区）局税务机关各执一联，另一联送达纳税人执行。