Директору ООО «Ника»

Короткову А.В.

От\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Заявление

Прошу выдать справку об оплате медицинских услуг для предоставления в налоговые органы Российской Федерации на имя налогоплательщика:

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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Дата рождения |  |  |  |  |  |  |  |  |  |  |  |

За услуги, оказанные:

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мне, супругу, супруге, сыну, дочери, матери, отцу (нужное подчеркнуть)

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супругу, супруге, сыну, дочери, матери, отцу (нужное подчеркнуть)

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супругу, супруге, сыну, дочери, матери, отцу (нужное подчеркнуть)

Документ, подтверждающий факт оплаты, необходим за период\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (указать год)

Дата Подпись

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Дата получения:

ФИО получателя\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_