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 | Приложение № 10к приказу ФНС России |
| От 31.08.2020 | № ЕД-7-14/617@ |
| **Форма по КНД 1112512** | **Форма № Р26001** |
| **Заявление****о государственной регистрации прекращения физическим лицом деятельности****в качестве индивидуального предпринимателя** |
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| **1.** | **Сведения об индивидуальном предпринимателе, содержащиеся в Едином государственном реестре индивидуальных****предпринимателей** |

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|  | Фамилия |

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|  | Имя |

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|  | Отчество(при наличии) |

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| **2.** | **Документы, связанные с предоставлением государственной услуги по государственной регистрации индивидуального****предпринимателя,** |

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|  | направить по указанному ниже адресу электронной почты |

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|  | выдать на бумажном носителе |

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 | при необходимости проставить значение 1 |

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| **3.** | **Номер контактного телефона заявителя** |

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|  | фамилия, имя, отчество (при наличии) заявителя (указываются собственноручно)1 |  |

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|  | личная подпись заявителя1 |  |

 |
| **Для служебных отметок регистрирующего органа** |
|  | 1 | Фамилия, имя, отчество не указываются, личная подпись не ставится в случае направления документов в регистрирующий орган в форме электронных документов, подписанных усиленной квалифицированной электронной подписью заявителя. |  |
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|  |  | **Форма № Р26001**  |
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| **4.** | **Заявление представлено непосредственно заявителем1** |

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 | 1 − | в регистрирующий орган |
| 2 − | в многофункциональный центр |

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|  | и подписано им в присутствии должностного лица регистрирующего органа/работника многофункционального центра. Документ, удостоверяющий личность, заявителем представлен. |

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|  | должность |  | подпись, фамилия и инициалы |  |

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| **5.** | **Сведения о лице, засвидетельствовавшем подлинность подписи заявителя в нотариальном порядке2** |

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|  | Лицом, засвидетельствовавшим подлинность подписи заявителя, является |

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 | 1 − | нотариус |
| 2 − | лицо, замещающее временно отсутствующего нотариуса |
|  |  | 3 − | должностное лицо, уполномоченное на совершение нотариального действия |

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|  | ИНН лица, засвидетельствовавшего подлинность подписи заявителя |

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 |
|  | 12 | Заполняется должностным лицом регистрирующего органа/работником многофункционального центра.Заполняется лицом, засвидетельствовавшим подлинность подписи заявителя в нотариальном порядке. |  |
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