**特定医療法人としての承認を受けるための申請書**

税務署受付印

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | |  | | | | | | | 整理番号 | | | | | |  | | | | | | | |
| 令和　　年　　月　　日  税務署長経由  国税庁長官　殿 | | | 納税地 | | | | | 〒  電　話（　　　）　　　　― | | | | | | | | | | | | | | | | | | | | | |
| （フリガナ） | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 申請者の名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 法人番号 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| （フリガナ） | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 代表者の氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 設立年月日 | | | 年　　月　　日 | | | | | | | | 事業年度 | | | | 月　　日 ～ 　　月　　日 | | | | | | | | | | | |
| 租税特別措置法第67条の２第１項に規定する特定医療法人としての承認を受けたいので、租税特別措置法施行令第39条の25第２項により申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【現に行っている事業の概要】  　１　本来業務   |  |  |  | | --- | --- | --- | | 種類 | 施設の名称 | 所在地 | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   　２　附帯業務   |  |  | | --- | --- | | 種類又は事業名 | 実施場所 | |  |  | |  |  | |  |  |   【その他参考となるべき事項】 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 税理士署名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 税務署処理欄 | 部門 |  | | 番号 |  | | 入力 | | | |  | | | | | 整理簿 | | | |  | | | | 備考 | | |  | | |