（様式第34号）

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| 付　　法人税に係るグループ通算制度の承認等の届出書   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 受　　　　　　　印 |  | | | | | | | | | | | | ※整理番号 | | | | | | | |  | | | | | 年　　月　　日  長野県  　　　県税事務所長　殿  次の事項について  届け出ます。 | （ふりがな） | | |  | | | | | | | | | | | | | | | | | | | | | | 法人名 | | |  | | | | | | | | | | | | | | | | | | | | | | 法人番号 | | |  | |  |  | |  | |  |  | |  |  | |  | |  |  | |  |  |  | | 本店又は主たる  事務所の所在地 | | | 〒  電話　　　　（　　　　） | | | | | | | | | | | | | | | | | | | | | | 長野県内における  主たる事務所等の  所在地 | | | 〒  電話　　　　（　　　　） | | | | | | | | | | | | | | | | | | | | | | （ふりがな） | | |  | | | | | | | | | | | | | | | | | | | | | | 代表者氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | 通算法人の種類 | □通算親法人  □通算子法人 | | 区  分 | □左記の通算法人となった。  □左記の通算法人でなくなった。 | | | | | | | | | | | | | | | | | | | | | | 上記区分に該当する  こととなった事由 | □グループ通算制度の承認申請の承認があった。  □完全支配関係を有することとなった。  □通算完全支配関係等を有しなくなった。  （原因：　　　　　　　　　　　　　　　　　　　　　　　　　　　）  □青色申告の承認の取消しの処分があった。  □グループ通算制度適用の取りやめの承認があった。 | | | | | | | | | | | | | | | | | | | | | | | | | 上記事由が生じた日 | 年　　月　　日  (　　　年　月　日税務署提出) | | | | | | | 通算親法人  最初通算事業年度 | | | | | | | | | | 自　　　　年　　月　　日  至　　　　年　　月　　日 | | | | | | | | 法人の区分 | □時価評価法人  □関連法人 | | | | | | | 通算子法人  最初通算事業年度 | | | | | | | | | | 自　　　　年　　月　　日  至　　　　年　　月　　日 | | | | | | | | この届出の事由により事業年度を変更することとなる場合 | 変更前 | 自　　　　年　　月　　日  至　　　　年　　月　　日 | | | | | | | | | | | 変更後 | | | | | 自　　　　年　　月　　日  至　　　　年　　月　　日 | | | | | | | | 加入時期の特例 | □有  □無 | 通算法人となる前の事業税等に係る申告書の提出期限の延長の承認 | | | | | | | | □有  □無 | | | ・　　・  　　　　　　　　　の事業年度から　月間  　　・　　・ | | | | | | | | | | | | | 通算親法人  ※納税義務者が通算子法人である場合に記入してください。 | （ふりがな） | | | |  | | | | | | | | | | | | | | | | | | | | | 法人名 | | | |  | | | | | | | | | | | | | | | | | | | | | 本店又は主たる  事務所の所在地 | | | | 〒  電話　　　　（　　　　） | | | | | | | | | | | | | | | | | | | | | 長野県内における  主たる事務所等の  所在地 | | | | 〒  電話　　　　（　　　　） | | | | | | | | | | | | | | | | | | | | | 備　考 | | | | | | | | | | | | | | | | | | | | | | | | | | 関与税理士署名 |  | | | | | | | | | | | | | | | 電話　　　　（　　　　） | | | | | | | | | |