**附件1：**

**代理记账机构基本情况表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 机构名称 | |  | | | |
| 成立日期 | |  | | 组织形式 |  |
| 代理记账许可证编号 | |  | | |  |
| 组织机构代码 | |  | | 注册资本（出资总额） |  |
| 机构负责人姓名 | |  | | 主管代理记账业务 财务负责人姓名 |  |
| 股东（合伙人）总数 | |  | | 专职从业人员数量 |  |
| 2018年度代理户数 | |  | | 2019年度代理户数 |  |
| 代理业务范围 | |  | | | |
| 本年度业务总收入 | |  | | 其中：代理记账收入 |  |
| 从业人员情况 | 姓名 | 会计从业资格证书编号或身份证 | | 是否专职人员（专职/兼职） | 人事档案存放单位 |
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| 办公场所 | |  | | | |
| 通讯地址 | |  | 邮编 | |  |
| 联系人 | |  | 电子邮件 | |  |
| 联系电话 | |  | 传真 | |  |
| 上一年度有无受过何种处罚： | | | | | |
| 本机构对填报内容及提供的证明材料的真实性负责  代理记账机构负责人签名并盖章： | | | | | |
| 代理记账机构（盖章）：  年 月 日 | | | | | |

分支机构简要情况：

**附件2：**

**代理记账机构基本情况调查问卷表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 所属行业类型 | 代理户数（家） | | | | | 营业收入（万元） | | | | 企业员工人数 | | | | 记账凭证数量（笔） | | | |
| 1 | 制造业 | 2016 | 2017 | 2018 | 2019 | 2016 | | 2017 | 2018 | 2019 | 2016 | 2017 | 2018 | 2019 | 2016 | 2017 | 2018 | 2019 |
| 2 | 建筑业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 房地产业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 批发零售业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 5 | 交通运输业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 6 | 旅店业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 7 | 餐饮业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 8 | 计算机服务及软件企业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 9 | 文化教育 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 10 | 文体娱乐企业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 11 | 租赁企业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 12 | 广告服务业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 13 | 居民（家政）服务业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 14 | 农林牧渔企业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 15 | 其他企业 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |

**附件3：**

**代理记账机构专职会计从业人员变动情况表**

**机构名称： 填表日期：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓 名** | **身份证号** | **从业资格证号** | **调入时间** | **调出时间** | **备 注** |
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**填表人： 机构负责人：**

**说明：专职从业人员发生变动应及时向区财政局书面备案**