|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ….. | / | …. | / | ….. |

 |

|  |
| --- |
| **……………………….. VERGİ DAİRESİ MÜDÜRLÜĞÜNE** |

|  |
| --- |
|  **…………………..** |

|  |
| --- |
|              Daireniz ……………. T.C. Kimlik Numaralı Gelir Vergisi mükellefiyim. Faaliyet konum ……………. iken …/…../….. tarihi itibariyle bu faaliyetime ek olarak …………….. işine başlamış bulunmaktayım.             Gereğini bilgilerinize arz ederim. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
|  | **Adı Soyadı/UnvanıKaşe İmza** |   |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| **ADRES** | **:** |  |
| **İŞ TEL** | **:** |  |
| **CEP TEL** | **:** |  |
| **E-POSTA ADRESİ** | **:** |  |

 |