|  |  |  |
| --- | --- | --- |
| [bar code] | INN XXXXXXXXXXXX | 2D Code |

KPP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 001

Form KND 1152017

**Tax Declaration of the Tax Payable**

**In Accordance with the Simplified Tax System**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Correction Number  | 0 | Tax Period | 34 | Tax Year | 2014 |
| Submitted to Tax Office | XXXX | Registration Location (code) | XXX |

LAST NAME

FIRST NAME

PATRONYMICS

(taxpayer)

Code of the Business Activity (according to the OKVED) 74.83

|  |  |  |  |
| --- | --- | --- | --- |
| Form of re-organization, liquidation (code) | - | INN/KPP of re-organized organization | \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |

Contact phone number XXXXXXXXXXX

On 3 pages with attached documents in confirmation on \_\_\_ pages

|  |  |
| --- | --- |
| I confirm that the data presented in this tax declaration, are complete and true | To be filled by a representative of a tax office |
| 1 1 – tax payer | Details of submission of the declaration |
|  2 – tax payer’s representative |  |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | This tax declaration is submitted (code) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | on \_\_\_\_\_\_ pages |
| (Last name, first name, patronymics fully) | with confirmation documents or their copies on \_\_\_ pages |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of submission \_\_.\_\_.\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Registered with No |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| (title of the organization representing the tax payer) |  |
| Signature [Signature] Date XX.XX.XXXX |  |
| Stamp Here |  |
| Title of the document confirming signing capacity |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \* Patronymics if applicable | Last name, initials Signature |

[2D code]

*I confirm that this translation is correct.*

*Translated by XXXXXXXXXXXXX XXXXXXXXXXXXXXXXX.*

*Address: XXXXXXXXXXXXXXXXXXX., City,POST CODE, Russia*

*Phone number XXXXXXXXXXXXX.*

*DATE*

|  |  |  |
| --- | --- | --- |
| [bar code] | INN XXXXXXXXXXXX | 2D Code |

KPP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 002

**Section 1.1. Tax amount (advance payment towards tax) payable in accordance with the Simplified Tax System (object of taxation: income), to be paid (recovered), according to the taxpayer’s data**

|  |  |  |
| --- | --- | --- |
| Parameters | Line Code | Parameters values (in Roubles) |
| Object of taxation | 001 |  |
| 1 – income |  |  |
| OKTMO code | 010 | XXXXXXX |
| Amount of the advance payment to pay, no later than the twenty fifth of April of the tax yearline 130 – line 140 in Section 2.1 | 020 | XXXX |
| OKTMO code | 030 | XXXXXXX |
| Amount of the advance payment to pay, no later than the twenty fifth of July of the tax year(line 131 – line 141) in Section 2.1 – line 020, if (line 131 – line 141) in Section 2.1 – line 020 ≥ 0 | 040 | XXXX |
| Amount of the advance payment to recover, no later than the twenty fifth of July of the tax yearline 020 - (line 131 – line 141) in Section 2.1, if (line 131 – line 141) in Section 2.1 – line 020 < 0 | 050 | -------------------------------- |
| OKTMO code | 060 | XXXXXXX |
| Amount of the advance payment to pay, no later than the twenty fifth of October of the tax year(line 132 – line 142) in Section 2.1 – (line 020 + line 040 - line 050), if (line 132 – line 142) in Section 2.1 – (line 020 + line 040 - line 050) ≥ 0 | 070 | XXXX |
| Amount of the advance payment to recover, no later than the twenty fifth of October of the tax year(line 020 + line 040 - line 050) - (line 132 – line 142) in Section 2.1, if (line 132 – line 142) in Section 2.1 – (line 020 + line 040 - line 050) < 0 | 080 | -------------------------------- |
| OKTMO code | 090 | XXXXXXX |
| Amount of the remaining tax to pay for the tax year, in time\*(line 133 – line 143) in Section 2.1 – (line 020 + line 040 - line 050 + line 070 – line 080), if (line 132 – line 142) in Section 2.1 – (line 020 + line 040 - line 050) ≥ 0 | 100 | XXXX |
| Amount of the advance payment to recover, no later than the twenty fifth of October of the tax year(line 020 + line 040 - line 050) in Section 2.1 - (line 132 – line 142), if (line 133 – line 143) in Section 2.1 – (line 020 + line 040 - line 050 + line 070 – line 080) < 0 | 110 | XXXX |

\* Organizations – no later than March 31 of the year after the tax year;

Self-employed persons – no later than April 20 of the year after the tax year.

I confirm that the data presented in this tax declaration, are complete and true

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

[2D code]

|  |  |  |
| --- | --- | --- |
| [bar code] | INN XXXXXXXXXXXX | 2D Code |

KPP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 001

**Section 2.1. Calculation of the tax amount payable in accordance with the Simplified Tax System (object of taxation: income)**

|  |  |  |
| --- | --- | --- |
| Parameters | Line Code | Parameters values (in Roubles) |
| Object of taxation | 101 1 |  |
| 1 - income |  |  |
| Tax payer category | 102 2 |  |
| 1 – tax payer who performs payments and other remuneration to private persons;2 – self-employed person who does not perform payments and other remuneration to private persons  |  |  |
| Amount of income received (tax base for calculation of tax (or advance payment towards tax)), accrued totals |  |  |
| in first quarter | 110 | XXXXXX |
| in first six months | 111 | XXXXXX |
| in nine months | 112 | XXXXXX |
| over the tax period | 113 | XXXXXX |
| Tax rate (%) | 120 6 |  |
| Amount of calculated tax (or advance payment towards tax) |  |  |
| in first quarter(line 110 x line 120 / 100) | 130 | XXXX |
| in first 6 months(line 111 x line 120 / 100) | 131 | XXXX |
| in nine months(line 112 x line 120 / 100) | 132 | XXXX |
| over the tax period(line 113 x line 120 / 100) | 133 | XXXX |
| Amount of insurance contributions paid to employees due to temporary incapacity and payments for contracts of voluntary personal insurance (accrued totals), in accordance with Item 3.1 of Article 346.21 of the Tax Code of the Russian Federation, to deduct from the amount of the calculated tax over the tax period (or from the advance payment towards tax) |  |  |
| in first quarterfor line 102 = “1”: line 140 ≤ line 130/2for line 102 = “2”: line 140 ≤ line 130 | 140 | XXXX |
| in first six monthsfor line 102 = “1”: line 141 ≤ line 131/2for line 102 = “2”: line 141 ≤ line 131 | 141 | XXXX |
| in nine monthsfor line 102 = “1”: line 142 ≤ line 132/2for line 102 = “2”: line 142 ≤ line 132 | 142 | XXXX |
| over the tax periodfor line 102 = “1”: line 143 ≤ line 133/2for line 102 = “2”: line 143 ≤ line 133 | 143 | XXXX |

[2D code]