附件

**宁夏家庭服务业专项扶持资金申请表**

（          年度）

填报时间：      年    月    日

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 企 业 名 称 | | | | （盖章） | | | | | | |
| 注册 地 址 | | | |  | | | | 邮政编码 |  | |
| 企 业 性 质 | | | |  | 注册资金(万元) | | |  |  | |
| 法 人 代 表 | | | |  | 联 系 手 机 | | |  | | |
| 经营场所面积(㎡) | | | |  | 年营业额(万元) | | |  | 增长% |  |
| 实际纳税额(万元) | | | |  | 核准减免税(万元) | | |  | | |
| 年末从业总人数 | | | |  | 其中：员工制人数 | | |  | | |
| 经营网点（个） | | | |  | 其中加盟连锁店(个) | | |  | | |
| 申请  补助奖励  项目及  金额 |  | | | | | | | | | |
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| 申请金额 | | |  | | | 核定金额 | |  | | |
| 审  核  意  见 | 县市区 | 商务主管部门: | | | | | 财政局: | | | |
| 设区的市  级 | 商务主管部门: | | | | | 财政局: | | | |

**注：补助、奖励应按标准范围逐项认真填写。填表人：       联系电话：**