**Prezydent m.st. Warszawy**

**Centrum Obsługi Podatnika**

**ul. Obozowa 57**

**01-161 Warszawa**

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| **Wniosek o zwrot opłaty skarbowej** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Instrukcja wypełnienia dokumentu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. | | | | | | | | | | PROSZĘ WYPEŁNIĆ WIELKIMI LITERAMI. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | Pola wyboru proszę oznaczać  lub . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | Proszę wypełnić kolorem czarnym lub niebieskim. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Dane wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **2.1. Dane identyfikacyjne** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nazwisko i imię / Nazwa | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PESEL / NIP | | | | | |  | | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | | |  | | | | Nr pesel podają osoby fizyczne nieprowadzące działalności gospodarczej, pozostali nr NIP | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **2.2. Adres siedziby lub miejsca zamieszkania wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejscowość | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nr domu | | | | | |  | | | | | | | | Nr lokalu | | | | | | |  | | | | | | Kod pocztowy | | | | | | | | | | | | | |  | |  | | | - | |  | |  | |  | | | | | |
|  | | | | | | **2.3. Dane pełnomocnika** *(proszę podać jeśli w sprawie ustanowiono pełnomocnika)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejscowość | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ulica | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nr domu | | | | | |  | | | | | | | | Nr lokalu | | | | | | |  | | | | | | Kod pocztowy | | | | | | | | | | | | | |  | |  | | | - | |  | |  | |  | | | | | |
|  | | | | | | **2.4. Dane kontaktowe wnioskodawcy/pełnomocnika** *(dane kontaktowe nie są obowiązkowe, ale ułatwią kontakt w sprawie wniosku)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Numer telefonu | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Adres poczty elektronicznej | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Informacje o uiszczonej opłacie skarbowej** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Data uiszczenia opłaty | | | | | |  | | |  | | | - | |  | |  | | - | | |  | |  | |  | |  | | | *DD-MM-RRRR* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Forma uiszczenia opłaty  *(proszę postawić „x”*  *we właściwym polu)* | | | | | |  | | Na rachunek bankowy numer  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |  | | | | W kasie Urzędu m.st. Warszawy  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (proszę wpisać lokalizację kasy,  w której dokonano wpłaty) | | | | | | | | | | | | | | | | | |  | | W opłato-macie | | | | | |
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| Wysokość dokonanej wpłaty | | | | | |  | | | | | | | | | | | | | | **zł** | | | | Kwota do  zwrotu | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **zł** | | |
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| Nazwa organu, w którym przedłożono dowód  opłaty skarbowej | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. Uzasadnienie wniosku** *(proszę opisać w polu poniżej przyczynę złożenia wniosku o zwrot opłaty skarbowej)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5. Informacje dotyczące sposobu zwrotu opłaty skarbowej** *(proszę postawić „x” w wybranym polu)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | Przelewem na rachunek w banku \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nr rachunku | | | |  |  | |  | | | |  | |  | |  | |  | |  | | |  | |  |  |  | | |  | | |  | | | |  | |  |  | | |  | |  | |  |  | |  | |  | | |  | |  |  | | |

W przypadku przelewu na zagraniczny numer rachunku bankowego:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kod banku odbiorcy (BIC / SWIFT) od 8 do 11 znaków numer rachunku IBAN odbiorcy

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|  |  | Gotówką w kasie Urzędu m. st. Warszawy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

(proszę wpisać lokalizację kasy Urzędu m.st. Warszawy,

w której gotówka ma zostać zwrócona)

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| **6. Załączniki** *(proszę postawić „x” w wybranym polu)* | | | | | | | | | | | | | | | | | | | | | | |
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| 1. |  |  | Dokument stwierdzający udzielenie pełnomocnictwa | | | | | 2. | | |  | | Dowód uiszczenia opłaty za pełnomocnictwo | | | | | |  | |
|  |  |  |  | | | | | | | | | | | | | | | | |
| 3. |  |  | Dowód uiszczenia opłaty skarbowej, której dotyczy wniosek *(załączenie dowodu nie jest obowiązkowe, ale ułatwi rozpatrywanie wniosku)* | | | | | | | | | | | | | | | | |
|  |  |  |  | | | | | | | | | | | | | | | | |
| 4. |  |  | Dokumenty potwierdzające zasadność zwrotu opłaty skarbowej. Przykładowo: decyzja o odmowie wykonania czynności urzędowej, wydania koncesji, zezwolenia lub pozwolenia *(załączenie dokumentów nie jest obowiązkowe, ale ułatwi rozpatrywanie wniosku)* | | | | | | | | | | | | | | | | | | |
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| **7. Data i podpis wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | |
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| Podpis | | | |  | | | | | | | | | | | | | | | | | | |

Wniosek w sprawie zwrotu opłaty skarbowej powinien być podpisany przez osobę (-y) upoważnione (dla Spółki zgodnie z wpisem do KRS)

**POUCZENIE:**

Na podstawie art. 6 ust. 1 lit. a oraz art.9 ust. 2 lit. a Rozporządzenia Parlamentu Europejskiego i Rady (UE) 2016/679 z dnia 27 kwietnia 2016 r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych oraz uchylenia dyrektywy 95/46/WE (ogólne rozporządzenie o ochronie danych), wyrażam zgodę na przetwarzanie moich danych osobowych przez Prezydenta m.st. Warszawy, w celu prowadzenia postępowania o zwrot opłaty skarbowej w zakresie danych podanych we wniosku.