復 查 申 請 書 Recheck Application Form

	姓名/商號名稱	身分證字號	地	址	手機或		
	(加蓋印章)	(統一編號)	Address		聯絡電話		
	Name / Business Name	ID No.			Mobile		
	(Seal Affixed)	(Tax ID No.)			Phone or		
					Telephone		
申請人							
Applicant							
代表人							
Representative							
代理人							
Agent							
復查項目 Recheck Item	為不服貴局 Whereas the Applicant disagrees with □核定年度						
附送文件 Attached Document	□						
復查請求事項 Requested Items on Recheck							

一、事實:						
1. Facts:						
二、理由:						
2. Reasons:						
Z. Reasons.						
			(另か	口頁 紙)		
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此致	説明:Explanation 1 加有代理人詩附系	:				
臺中市政府地方稅務局	1. 如有代理人請附委託書。 A power of attorney is required in case of an agent.					
Submitted to	O 2.「復查事實與理由」欄位不敷使用時,請另以 A4 空白紙張書寫,並註記加頁					
Local Tax Bureau of Taichung						
City Government	column of "Facts and Reasons for Recheck" is not enough.					
	· · ·		原處分或原核定地址不符,請另			
	Please specify additionally if the address of the applicant to receive the decision on the recheck is inconsistent with the originally imposed or approved address.					
	is inconsistent with the or	iginally imposed of ap	pproved address.			
中華民國	年	月	日			
Date:	(Month)	(Date),	(Year)			