Приложение № 1
к приказу Фонда социального
страхования Российской Федерации
от 13 мая 2022 г. № 185

Форма

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| От | О | Б | Щ | Е | С | Т | В | О |  | С |  | О | Г | Р | А | Н | И | Ч | Е | Н | Н | О | Й |  | О | Т | В | Е | Т | С | Т | В | Е | Н | Н | О | С | Т | Ь |
|  | Ю |  | « | С | О | Л | Н | Ы | Ш | К | О | » |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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(полное или сокращенное (при наличии) наименование организации (обособленного подразделения), фамилия, имя, отчество (при наличии) индивидуального предпринимателя или физического лица,
не признаваемого индивидуальным предпринимателем)

**Заявление
о возмещении расходов на оплату дополнительных выходных дней
для ухода за детьми-инвалидами**

В соответствии с пунктом 2 Правил возмещения территориальным органом Фонда социального страхования Российской Федерации страхователю расходов на оплату дополнительных выходных дней, предоставляемых для ухода за детьми-инвалидами одному из родителей (опекуну, попечителю), утвержденных постановлением Правительства Российской Федерации от 9 августа 2021 г. № 1320, прошу возместить расходы на оплату дополнительных выходных дней одному из родителей (опекуну, попечителю) для ухода за детьми-инвалидами:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| в сумме |  |  |  |  |  | 5 | 3 | 2 | 4 | рублей | 2 | 3 | копеек, в том числе: |

— по уплате страховых взносов во внебюджетные фонды:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| в сумме |  |  |  |  |  | 1 | 2 | 2 | 8 | рублей | 6 | 7 | копеек |

—
по оплате дополнительных выходных дней, предоставляемых для ухода за детьми-инвалидами одному из родителей (опекуну, попечителю) (далее — дополнительные выходные дни):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| в сумме |  |  |  |  |  | 4 | 0 | 9 | 5 | рублей | 5 | 6 | копеек |

**1. Сведения о родителе (опекуне, попечителе):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Фамилия | И | В | А | Н | О | В | А |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Имя | О | Л | Ь | Г | А |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Отчество (при наличии) | А | Н | Д | Р | Е | Е | В | Н | А |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| СНИЛС | 1 | 1 | 0 | - | 2 | 3 | 4 | - | 5 | 6 | 0 |  | 8 | 9 |

|  |  |  |
| --- | --- | --- |
| Статус лица («1» — мать; «2» — отец; «3» — опекун; «4» — попечитель) |  | 1 |

**Фамилия, имя, отчество ребенка:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Фамилия | И | В | А | Н | О | В |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Имя | П | Е | Т | Р |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Отчество (при наличии) | С | Е | М | Е | Н | О | В | И | Ч |  |  |  |  |  |  |  |  |  |

Дата рождения ребенка (дд-мм-гггг):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 5 | - | 0 | 5 | - | 2 | 0 | 1 | 5 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| СНИЛС ребенка (при наличии) | 1 | 1 | 0 | - | 4 | 3 | 2 | - | 1 | 2 | 3 |  | 8 | 9 |

Период (месяц, год), за который были использованы дополнительные выходные дни:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| И | Ю | Л | Ь |  |  |  |  |  |  | 2 | 0 | 2 | 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| Количество предоставленных дополнительных выходных дней (дн.) |  |  | 4 |

Средний дневной заработок в сумме

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | 1 | 0 | 2 | 3 | рублей | 8 | 9 | копеек |

**...**

|  |  |  |  |
| --- | --- | --- | --- |
| Численность получателей всего, чел. | 0 | 0 | 1 |

|  |  |  |
| --- | --- | --- |
| Заверенные копии приказов о предоставлении дополнительныхвыходных дней прилагаются на: | 4 | листах |
|  |  |

**Сведения о страхователе:**

Регистрационный номер

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7 | 7 | 1 | 2 | 3 | 4 | 2 | 2 | 4 | 4 | / | 7 | 7 | 3 | 2 | 1 |  |  |  |  |  |

Код подчиненности

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7 | 8 | 9 | 1 | 2 |

ИНН/КПП

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  |  | / | 7 | 7 | 0 | 7 | 0 | 1 | 0 | 7 | 1 |

**Банковские реквизиты для перечисления средств на возмещение расходов на оплату дополнительных выходных дней:**

Наименование организации получателя (для платежного поручения):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| О | О | О |  | « | С | О | Л | Н | Ы | Ш | К | О | » |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Наименование банка:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| А | К | Б |  | « | Б | О | Г | А | Т | Е | Й | » |  | Г | . | М | О | С | К | В | А |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Счет №

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4 | 4 | 3 | 2 | 1 | - | 1 | 2 | 3 | 4 | 5 | - | 6 | 7 | 8 | 9 | 1 | - | 0 | 1 | 2 | 3 | 4 |

БИК

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 4 | 4 | 1 | 2 | 3 | 4 | 5 | 6 |

Лицевой счет организации, который открыт в органах Федерального казначейства в соответствии с бюджетным законодательством Российской Федерации

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Код бюджетной классификации

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Документы представил:

|  |
| --- |
| ГЕНЕРАЛЬНЫЙ ДИРЕКТОР СТЕПАНОВ МИХАИЛ ВЛАДИМИРОВИЧ |
|  |

(должность, фамилия, имя, отчество (при наличии) уполномоченного представителя организации (обособленного подразделения), фамилия, имя, отчество (при наличии) индивидуального предпринимателя (его уполномоченного представителя) либо фамилия, имя, отчество (при наличии) физического лица (его уполномоченного представителя), не признаваемого индивидуальным предпринимателем)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Степанов* |  | 21.09.2022 |  | М.П. |
| (подпись) |  | (дата) |  | (при наличии) |

Контактный номер телефона (с указанием кода) страхователя
(его уполномоченного представителя)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | + | 7 | - | 4 | 9 | 5 | - | 9 | 8 | 7 | - | 6 | 5 | - | 4 | 3 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Адрес электронной почты страхователя (его уполномоченного представителя) (при наличии) | s | o | l | n | c | e | @ | s | l | n | . | r | u |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Отметка территориального органа Фонда социального страхования
Российской Федерации**

Документы принял:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| (должность, фамилия, имя, отчество (при наличии) |  | (подпись) |  | (дата) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Код территориального органа Фонда социального страхования Российской Федерации: |  |  |  |  |
|  |  |  |  |