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| **SERVIÇO PÚBLICO FEDERAL**  **CONSELHO REGIONAL DE CONTABILIDADE DE SERGIPE**  **FICHA INFORMATIVA DE ORGANIZAÇÃO CONTÁBIL**  **Base legal: Alínea “c” do Art. 10 do Decreto-Lei nº 9.295/46**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | NOME/RAZÃO SOCIAL: | | | |  | | | | | | | NOME FANTASIA: | | |  | | | | | | | | ENDEREÇO: |  | | | | | | | | | | CIDADE: | | | | | | CEP: | | TEL: | | | | FAX: | EMAIL: | | | | SITE/PORTAL: | |  | | | | | | |   POSSUI FILIAL:  SIM  NÃO; PG CONTRIBUIÇÃO SINDICAL:  SIM  NÃO  SE SIM, INFORMAR ENDEREÇO COMPLETO OU NOME DO SINDICATO:    **ASPECTOS LEGAIS:**  SOCIEDADE  ESCRITÓRIO INDIVIDUAL  MICROEMPREENDEDOR INDIVIDUAL  1. INÍCIO DAS ATIVIDADES:    /    /   |  |  |  | | --- | --- | --- | | 2. NÚMERO DE REGISTRO CADASTRAL: N°: | | / | | CNPJ/CPF: | INSCRIÇÃO ESTADUAL/MUNICIPAL: | | |   **SÓCIOS E/OU RESPONSÁVEIS TÉCNICOS**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | NOME: | |  | | | | | | | CPF: |  | | | REGISTRO PROFISSIONAL: | |  | | | PROFISSÃO: | | |  | CATEGORIA PROFISSIONAL: | |  | | | ENDEREÇO: | | |  | | CEP: | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | NOME: | |  | | | | | | | CPF: |  | | | REGISTRO PROFISSIONAL: | |  | | | PROFISSÃO: | | |  | CATEGORIA PROFISSIONAL: | |  | | | ENDEREÇO: | | |  | | CEP: | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | NOME: | |  | | | | | | | CPF: |  | | | REGISTRO PROFISSIONAL: | |  | | | PROFISSÃO: | | |  | CATEGORIA PROFISSIONAL: | |  | | | ENDEREÇO: | | |  | | CEP: | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | NOME: | |  | | | | | | | CPF: |  | | | REGISTRO PROFISSIONAL: | |  | | | PROFISSÃO: | | |  | CATEGORIA PROFISSIONAL: | |  | | | ENDEREÇO: | | |  | | CEP: | |  |   Continua... |
| ...Continuação  INFORMAÇÕES SOBRE OS FUNCIONÁRIOS/COLABORADORES/ AUTÔNOMOS DA ORGANIZAÇÃO   |  |  |  |  | | --- | --- | --- | --- | | **ORD.** | **NOME** | **FUNÇÃO** | **FORMAÇÃO PROFISSIONAL** | | 01 |  |  |  | | 02 |  |  |  | | 03 |  |  |  | | 04 |  |  |  | | 05 |  |  |  | | 06 |  |  |  | | 07 |  |  |  | | 08 |  |  |  | | 09 |  |  |  | | 10 |  |  |  |   OBSERVAÇÕES: Caso não tenha funcionários, anexar cópia da RAIS.      **INFORMAÇÕES COMPLEMENTARES:**  1. PERMANÊNCIA DO(S) RESPONSÁVEL(IS) TÉCNICO(S) NO ESCRITÓRIO:  DIÁRIA  PELA MANHÃ  À TARDE  UMA VEZ POR SEMANA  UMA VEZ POR MÊS  NÃO COMPARECE  2. SERVIÇOS PRESTADOS:  CONTABILIDADE  AUDITORIA  ESCRITURAÇÃO FISCAL  PERÍCIA  ASSESSORIA/CONSULTORIA  OUTROS  **IDENTIFICAÇÃO DO INFORMANTE:**  NOME:   |  |  | | --- | --- | | CARGO/FUNÇÃO: | R.G.: |   OBSERVAÇÕES DO FISCAL:      DECLARO SEREM VERDADEIRAS AS INFORMAÇÕES PRESTADAS NESTA FICHA.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  | , de |  | de |  |   CIENTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FISCAL DECLARANTE |