**附件2**

**代理记账机构情况一览表**

填表时间：年月日

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| 序号 | 代理记账机构名称 | 代理记账许可证书编号 | 代理记账机构负责人姓名 | 代理记账单位户数 | 持有会计专业技术资格证书专职从业人员数量 | 其中：初级会计职称 | 中级会计职称 | 高级会计职称 | 年度业务总收入 | 其中：代理记账业务收入 |
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填报人： 联系电话**：** 填报单位： （盖章）