

BUR Forma No. 1921 Renused Sept 1999 REPUBLINA NG PILIPINAS KAGAWARAN NG PANANALAPI NAWANIHAN NG RENTAS INTERN₀134 REVENUE REGION NO 090 REVENUE DISTRICT NO 090

Annex B

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AUTHORITY TO PRINT

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JULIA DELGADO TOXPAYER AUTHORIZED AGENT

(Signature over printed name)

SIGNATURE OVER PRINTED NAME AUTHORIZED REPRESENTATIVE

POSITION:

MANAGING PARTNER
TITLE POSITION OF SIGNATORY

100

Taxpayer-user's Sworn Statement

esta la marco		SWORN	STATEMENT	
	DELGARO		JULIA	of legal age designated
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•	I declare, under correct to the b	est of my knowled	on Ju	oregoing attestations are true and
		SINCITY SECTION	(Na Taxpayer	ame and Signature of Authorized Representative)

Position:

010-210-740-000 OSMENA ST., ZONE II, TIN Address:

SOGOD

PRINTER'S CERTIFICATE OF DELIVERY OF RECEIPTS AND/OR INVOICE

of which are as foll							s/Invoices details
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2 That copies of the	aforeme	entioned recei	ipts/ invoices	been prin	ted or reproduc	ed except the copies d	elivered to the taxpayer
4. That no other cop mentioned in the p	receding s	tatement; and		hall it permit its	machines or i	acilities to be used t	elivered to the taxpayer o print or reproduce ex
5. That the 'printer' or additional copi	shall no	t print or rep receipts/inv	roices above •	described.		in compli	ance with BIR Regulat
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