

transfer to 083



BUREAU OF INTERNAL REVEUE
REVENUE DISTRICT NO. 081
CEBU CITY NORTH
CLIENT SUPPORT SECTION
TIN VERIFICATION SLIP

TIN: 337-144-666-000

LAST NAME: ALINSONORIN

FIRST NAME: NEIL

MIDDLE NAME: SAYAGO

DATE OF BIRTH: FEBRUARY 15, 1995

RDO: 047 - EAST MAKATI

TAXPAYER CLASSIFICATION: LOCAL EMPLOYEE

[Signature]
07/06/2020
CHARYLLE B. CONOL, CP

REVENUE OFFICER
BIR Authorized Signature

NOTE: PLEASE READ/ PALIHUG BASAHA
Please present BIRTH CERTIFICATE or ID or any Document showing NAME and BIRTHDATE