



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

**TIN:** 458-441-806-000

**LAST NAME:** AMACANIN

**FIRST NAME:** APRYLE

**MIDDLE NAME:** AMARO

**DATE OF BIRTH:** APRIL 25, 1992

**RDO:** 081

**TAXPAYER  
CLASSIFICATION:** \_\_\_\_\_

\_\_\_\_\_  
**BIR Authorized Signature**

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