



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

TIN: ~~XXXXXXXXXX~~ 388-794-844

LAST NAME: Basillote

FIRST NAME: Maria Luz

MIDDLE NAME: Canada

DATE OF BIRTH: Aug. 21, 2001

RDO: _____

TAXPAYER
CLASSIFICATION: _____

Grazelle S. Gerolinto
GRAZELLE S. GEROLINTO, CPA
REVENUE OFFICER

BIR Authorized Signature

NOTE: PLEASE READ/ PALIHUG BASAHA

Please present BIRTH CERTIFICATE or ID or any
Document showing NAME and BIRTHDATE