



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

TIN: 336-427-025-000

LAST NAME: VERPACION

FIRST NAME: RAHEL JANE

MIDDLE NAME: _____

DATE OF BIRTH: 10-17-1997

RDO: 050-SOUTH MAKATI

TAXPAYER CLASSIFICATION: LOCAL EMPLOYEE

TIN Ver. 007 00 2018
[Signature]
RO R. DELA CRUZ

BIR Authorized Signature

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