**FORMULARIO PARA LA ACTUALIZACION DE INFORMACION DE LOS CONTRIBUYENTES SUJETOS AL PAGO DE IMPUESTOS**

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| **Nombre del Negocio**

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 | **Nombre Del Representante Legal**

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| **RTN de la Empresa**

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 | **Nº de Identidad**

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| **Dirección Actual**

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| **Dirección**

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 |
| **Ciudad**

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| **Municipio**

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 | **Departamento**

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 | **País**

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| **Teléfono**

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 | **Fax**

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| **Email**

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