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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nombre del Negocio**   |  | | --- | |  | | **Nombre Del Representante Legal**   |  | | --- | |  | | |
| **RTN de la Empresa**   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | **Nº de Identidad**   |  | | --- | |  | | |
| **Dirección Actual**   |  | | --- | |  | |  | | | |
| **Teléfono/Fax**   |  | | --- | |  | | **móvil/celular**   |  | | --- | |  | | |
| **Dirección**   |  | | --- | |  | | | |
| **Ciudad**   |  | | --- | |  | | | |
| **Municipio**   |  | | --- | |  | | **Departamento**   |  | | --- | |  | | **País**   |  | | --- | |  | |
| **Teléfono**   |  | | --- | |  | | |  | | --- | |  | | **Fax**   |  | | --- | |  | |
| **Email**   |  | | --- | |  | | | |