

<b>I. Identificación del Contribuyente TAX PAYER'S IDENTIFICATION</b>					01 DOCUMENTO NUMERO	
04 CEDULA, DIMEX OR CORPORATE ID NUMBER >						
06 LAST NAMES, FIRST NAMES OR CORPORATE NAME >						
<b>II. Domicilio Fiscal (ver instructivo)</b>						
07 HOUSE OR OFFICE NUMBER		08 STREET AND AVENUE		09 NEIGHBORHOOD		
10 OTHER ADDRESS					14 PHONE NUMBER(S)	
11 PROVINCE		12 COUNTY		13 DISTRICT		15 FAX NUMBER
16 P.O. BOX		17 ZIP CODE		19 EMAIL		
<b>III. Datos de la actividad económica a realizar ECONOMIC ACTIVITY</b>						
DESCRIPTION OF ECONOMIC ACTIVITY:						
24 Código de la actividad económica EXCLUSIVE USE FOR TAX OFFICE		25 DATE OF STARTING ACTIVITY DAY: MONTH: YEAR:		27 NAME OR FANTASY NAME OF THE BUSINESS		
<b>IV. EXACT LOCATION OF THE BUSINESS</b>						
IF THE ECONOMIC ACTIVITY TAKES PLACE IN THE SAME LOCATION AS FISCAL LOCATION IN I. MARK WITH X HERE <input type="checkbox"/>						
28 HOUSE OR OFFICE NUMBER		29 STREET AND AVENUE		30 NEIGHBORHOOD		
31 OTHER ADDRESS					35 PHONE NUMBER(S)	
32 PROVINCE		33 COUNTY		34 DISTRICT		36 FAX NUMBER
<b>V. INFORMATION OF THE LEGAL REPRESENTATIVE (IN CASE OF MORE THAN ONE, ATTACH ON ANOTHER SHEET)</b>						
REPRESENTATIVE 1						
CEDULA, DIMEX OR CORPORATE ID NUMBER >			LAST NAMES, FIRST NAMES			
PROVINCE		COUNTY		DISTRICT		PHONE NUMBER
OTHER ADDRESS					FAX NUMBER	
P.O. BOX		ZIP CODE		EMAIL		
REPRESENTATION <input type="checkbox"/> JOINT <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/>		TYPE OF POWER OF ATTORNEY				
REPRESENTATIVE 2						
CEDULA, DIMEX OR CORPORATE ID NUMBER >			LAST NAMES, FIRST NAMES			
HOUSE OR OFFICE NUMBER		STREET AND AVENUE			NEIGHBORHOOD	
OTHER ADDRESS					PHONE NUMBER	
PROVINCE		COUNTY		DISTRICT		FAX NUMBER
P.O. BOX		ZIP CODE		EMAIL		
REPRESENTATION <input type="checkbox"/> JOINT <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/>		TYPE OF POWER OF ATTORNEY				
INFORMATION OF THE LEGAL REPRESENTATIVE (IN CASE OF MORE THAN ONE, ATTACH ON ANOTHER SHEET)						
CEDULA, DIMEX OR CORPORATE ID NUMBER >			LAST NAMES, FIRST NAMES			
PROVINCE		COUNTY		DISTRICT		PHONE NUMBER
OTHER ADDRESS					FAX NUMBER	
P.O. BOX		ZIP CODE		EMAIL		
TYPE OF POWER OF ATTORNEY						
EXCLUSIVE USE FOR TAX OFFICE					88 Fecha de recepción	
<b>IX. Obligaciones Tributarias o impuestos</b>				<b>Inscripción</b>		Firma del funcionario y sello
<b>Impuesto sobre las ventas</b>						
Contribuyente sistema tradicional			54	<input type="checkbox"/>		
Declarante y/o exento			62	<input type="checkbox"/>		
<b>Impuesto sobre la Renta</b>						
Contribuyente			65	<input type="checkbox"/>		
Declarante y/o exento			69	<input type="checkbox"/>		
<b>Régimen de Tributación Simplificada</b>						
Impuesto sobre las ventas			60	<input type="checkbox"/>		
Impuesto sobre la renta			67	<input type="checkbox"/>		
Otros impuestos o registros:						

Nuestros servicios son gratuitos