

Submission of Information through File Delivery

10006

2. Concept Space reserved for the DIAN	<input type="checkbox"/> 1 INSERT/NEW	4. Form number 100066000145827
[QR CODE]		[BARCODE] (415)7707212489984(8020) 010006600014582 7

Interested	25. Document type Citizenship card	26. Identification number		
	<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 6		
	27. First last name HERRERA	28. Second last name DE SALAZAR	29. First name MARIA	30. Other names MERCEDES

Sender	60. Tax Identification Number (TIN)	61. CD	33. Document type	34. Identification number
	8 0 5 0 1 4 2 1 9	- 7	TIN	<input type="checkbox"/> 3 <input type="checkbox"/> 1
35. Last names and names or corporate name FUNDACIÓN CLÍNICA VALLE DEL LILI'S VOLUNTEER SOCIETY				

Recipient	37. Document type TIN	38. Identification number		
	<input type="checkbox"/> 3 <input type="checkbox"/> 1	<input type="checkbox"/> 8 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 9 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 8		
39. Last names and names or corporate name DIRECTORATE OF NATIONAL TAXES AND CUSTOMS				

40. Form 2531	41. Version	42. Request concept INSERTION/NEW
<input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1

43. Validity year	44. Validity period	45. File type XML FILE
<input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 1

46. File name Dmuisca_010253101201800000002.xml
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47. Quantity of files	48. Number of registrations	49. Previous form number
<input type="checkbox"/> 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

52. Description

RECEIVED

The signature in this document constitutes a proof of delivery through the service of submission of information by file sending. Without prejudice to subsequent verifications that the DIAN performs for the files' technical specifications and content.

Signature of Interested Party: _____

997. Transaction Date 2 0 1 8 - 2 4 - 0 4 / 1 7 : 1 8 : 1 9

984. Official _____

985. Title _____

