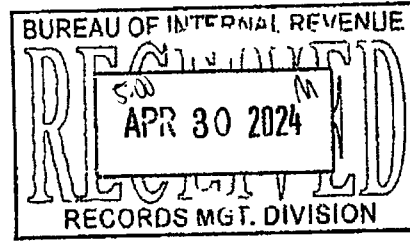


Name of Stamp Order Consolidator : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 TIN : \_\_\_\_\_  
 Assessment No : \_\_\_\_\_



Annex A

**ORDER REPORT OF INTERNAL REVENUE STAMPS**  
 For the Month of \_\_\_\_\_, 20\_\_

Date	Importer / Manufacturer	TIN	Address	Qty Ordered	Tax Classification (Nicotine Salt or Conventional Freebase)	Brand	Volume (In ML)	Payment Details					
								Return Period	Payment Date	Reference No.	Excise Tax	Inspection Fee	Total Amount
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
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25													
26													
27													
28													
29													
30													
<b>TOTAL</b>													

ATTESTED BY: \_\_\_\_\_  
 REVENUE OFFICER

\_\_\_\_\_  
 SECTION CHIEF