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/NAZWISKO I IMIĘ /

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/ ADRES ZAMIESZKANIA /

**ZESTAWIENIE FAKTUR**

**DO WNIOSKU O ZWROT PODATKU AKCYZOWEGO**

| LP. | NR FAKTURY | DATA SPRZEDAŻY | ILOŚĆ LITRÓW | kwota |
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| LP. | NR FAKTURY | DATA SPRZEDAŻY | ILOŚĆ LITRÓW | kwota |
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