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/NAZWISKO I IMIĘ /

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/ ADRES ZAMIESZKANIA /

**ZESTAWIENIE FAKTUR**

**DO WNIOSKU O ZWROT PODATKU AKCYZOWEGO**

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| **LP.** | **NR FAKTURY** | **DATA SPRZEDAŻY** | **ILOŚĆ LITRÓW** |
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|  |  | **SUMA** | ……………………….. |