MINISTERUL FINANȚELOR
AL REPUBLICII MOLDOVA

SERVICIUL FISCAL DE STAT

MINISTRY OF FINANCE
OF REPUBLIC OF MOLDOVA

STATE TAX SERVICE

9, Constantin Tănase street, MD-2005, mun. Chișinău
tel. (373 22) 82-33-53, Fax (373 22) 82-33-54, mail@sfs.md
www.sfs.md

REQUEST
nr._____ dated _____

***Applicant**_____
(name, surname, TIN)

Data concerning the applicant's identity card _____
(serial number, date of issue, office no.)

Data concerning the authenticated power of attorney _____
(nr., date of issue, other data)

***Owner**_____
(name, surname, TIN)

Data concerning the owner's identity card _____
(serial number, date of issue, office no.)

Please issue the confirmation of the **Owner's** declared taxable incomes for the tax period (year):

_____ _____
The applicant (name, surname) Date of submission

***Note:** If the request is demanded by the owner, in the "Applicant" and "Owner" fields the information will be identical and the "Data concerning the authenticated power of attorney " field will not be filled in.