Annex A-2

Diskette Register

Control No.	Date Received	TIN of Taxpayer	Taxpayer's Registered Name	Taxpayer's Address	Contact Person		Period Covered	Transac-tion Type	Number		Date Checked/Re-checked	Condition of Diskette		Date Returned to Taxpayer												Date replaced by taxpayer												Transmitted/ Re transmitted to RDC		Name of responsible officer trans-mitting data	Reason for non-transmittal
					Name	Tel. No.	Fr ___ to ___, ____		diskettes	files		Good	Defective	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Date	No. of files		

Transaction Type
- LP - Local Purchases
- I - Importation
- S - Sales

One transaction type per month correspond to one file