Imię i nazwisko …………………………………..

Adres ……………………………………………..

**ZESTAWIENIE FAKTUR VAT**

DO WNIOSKU O ZWROT PODATKU AKCYZOWEGO

ZAWARTEGO W CENIE OLEJU NAPĘDOWEGO WYKORZYSTYWANEGO

DO PRODUKCJI ROLNEJ

na rok ……………. ( luty / sierpień )

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| --- | --- | --- | --- |
| **LP.** | **NUMER FAKTURY** | **DATA ZAKUPU** **OLEJU NAPĘDOWEGO** | **ILOŚĆ**  **( litry)** |
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