

FORMULARIO UNICO 1719 IDENTIFICACION DE LA DECLARACION IMPORTANTE: GARANTIA LEYER INSTRUCTIVO DEL REVISOR: 2004 No. FORMULARIO QUE SUSTITUYE: 4

200 IDENTIFICACION DEL CONTRIBUYENTE: 199991931831001 DENOMINACION: FARMACIAS DE SIMILARES S.A.S. Sucursal B. Sucursal de CAPITAL VA. EXPEDIENTE: 181520

ESTADO DE SITUACION ESTADO DE RESULTADOS

Table with columns for account codes and descriptions. Rows include '600 INGRESOS' and '700 COSTOS Y GASTOS'. Values are entered in the right column.

Table with columns for account codes and descriptions. Rows include '800 CONCILIACION TRIBUTARIA' and '900 VALORES A PAGAR Y FORMA DE PAGO'. Values are entered in the right column.

Table with columns for account codes and descriptions. Rows include '300 OTROS ACTIVOS' and '400 PASIVO'. Values are entered in the right column.

Table with columns for account codes and descriptions. Rows include '500 PATRIMONIO NETO' and '600 INGRESOS'. Values are entered in the right column.

Table with columns for account codes and descriptions. Rows include '700 COSTOS Y GASTOS' and '800 CONCILIACION TRIBUTARIA'. Values are entered in the right column.

Table with columns for account codes and descriptions. Rows include '900 VALORES A PAGAR Y FORMA DE PAGO' and '1000 CIERRE'. Values are entered in the right column.

DETAJE DE NOTAS DE CIERRE: CAPITAL SUJETO A OBRIGACION 2000.00, IMPUESTO A LA RENTA CAUSADO 173.05, IMPUESTO A LA RENTA PAGADO 173.05.