

NATIONAL ASSOCIATION OF PUBLIC ADMINISTRATORS REPORT ON GRIEVANCE PROCEDURE

Form NAPAs-100 (Rev. 10/19)

Section	Issue	Description of the Complaint	Agency Response	Appellate Review	Final Disposition
1. Statewide 2. Local 3. County 4. City 5. School 6. Other	1. Grievance 2. Arbitration 3. Mediation 4. Conciliation 5. Other	1. Description of the complaint (including the date, time, and place of the incident)	1. Agency response (including the date, time, and place of the response)	1. Appellate review (including the date, time, and place of the review)	1. Final disposition (including the date, time, and place of the disposition)
		2. Description of the complaint (including the date, time, and place of the incident)	2. Agency response (including the date, time, and place of the response)	2. Appellate review (including the date, time, and place of the review)	2. Final disposition (including the date, time, and place of the disposition)
		3. Description of the complaint (including the date, time, and place of the incident)	3. Agency response (including the date, time, and place of the response)	3. Appellate review (including the date, time, and place of the review)	3. Final disposition (including the date, time, and place of the disposition)
		4. Description of the complaint (including the date, time, and place of the incident)	4. Agency response (including the date, time, and place of the response)	4. Appellate review (including the date, time, and place of the review)	4. Final disposition (including the date, time, and place of the disposition)
		5. Description of the complaint (including the date, time, and place of the incident)	5. Agency response (including the date, time, and place of the response)	5. Appellate review (including the date, time, and place of the review)	5. Final disposition (including the date, time, and place of the disposition)
		6. Description of the complaint (including the date, time, and place of the incident)	6. Agency response (including the date, time, and place of the response)	6. Appellate review (including the date, time, and place of the review)	6. Final disposition (including the date, time, and place of the disposition)
		7. Description of the complaint (including the date, time, and place of the incident)	7. Agency response (including the date, time, and place of the response)	7. Appellate review (including the date, time, and place of the review)	7. Final disposition (including the date, time, and place of the disposition)
		8. Description of the complaint (including the date, time, and place of the incident)	8. Agency response (including the date, time, and place of the response)	8. Appellate review (including the date, time, and place of the review)	8. Final disposition (including the date, time, and place of the disposition)
		9. Description of the complaint (including the date, time, and place of the incident)	9. Agency response (including the date, time, and place of the response)	9. Appellate review (including the date, time, and place of the review)	9. Final disposition (including the date, time, and place of the disposition)
		10. Description of the complaint (including the date, time, and place of the incident)	10. Agency response (including the date, time, and place of the response)	10. Appellate review (including the date, time, and place of the review)	10. Final disposition (including the date, time, and place of the disposition)

Signature of Grievant: _____ Date: _____	Signature of Agency Representative: _____ Date: _____
Signature of Appellate Reviewer: _____ Date: _____	



INSTRUMENTO DE
PREVENCIÓN Y CONTROL DE RIESGO
LABORAL
DEL DEPARTAMENTO DE
RECURSOS HUMANOS Y ORGANIZACIÓN
DE LA EMPRESA
CONSEJO REGULADOR
DE SEGURIDAD Y SALUD

1. IDENTIFICACIÓN DEL RIESGO	
Actividad:	
Ubicación:	
Fecha de elaboración:	
Elaborado por:	
Revisado por:	
Aprobado por:	
Fecha de revisión:	
Estado:	
Descripción del riesgo:	
Causas:	
Efectos:	
Medidas de control:	
Responsable:	
Fecha de implementación:	

2. ANÁLISIS DEL RIESGO
3. PLAN DE ACCIÓN
4. MONITOREO Y EVALUACIÓN
5. CIERRA DEL CICLO

6. RESULTADOS Y OBSERVACIONES	
Observaciones:	
Resultados:	

7. CONCLUSIONES Y RECOMENDACIONES
8. ANEXOS

9. RESUMEN DE RIESGOS	
Riesgo 1:	
Riesgo 2:	
Riesgo 3:	
Riesgo 4:	



10. OBSERVACIONES Y COMENTARIOS
11. FIRMAS Y SELLOS

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2024 State Form 100
Individual Income Tax Return
 (Required for all filers - Report to the Federal Government)

Federal	
1	Adjusted Gross Income
2	State Income Tax
3	Other Taxes
4	Charitable Contribution Deduction
5	Other Deductions
6	Exemptions
7	Other Exemptions
8	Other Exemptions
9	Other Exemptions
10	Other Exemptions

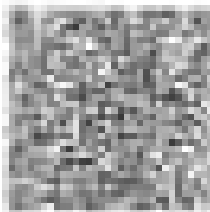
11	Other Exemptions
12	Other Exemptions

13	Other Exemptions	14	Other Exemptions
15	Other Exemptions	16	Other Exemptions
17	Other Exemptions	18	Other Exemptions

19 Total Taxable Income
 20 Total Tax

21	Other Exemptions	22	Other Exemptions
23	Other Exemptions	24	Other Exemptions
25	Other Exemptions	26	Other Exemptions
27	Other Exemptions	28	Other Exemptions

29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44
45	46	47	48	49	50	51	52
53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68
69	70	71	72	73	74	75	76
77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92
93	94	95	96	97	98	99	100



Instructions for filers
 This form is required for all filers. It must be filed with the appropriate state tax authority. The information provided on this form is used to determine your tax liability and to issue you a refund if you are eligible. Please read the instructions carefully to ensure that you are providing accurate information. If you have any questions, please contact your local tax authority for assistance.

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MEMORANDUM

TO: [Redacted]

FROM: [Redacted]

SUBJECT: [Redacted]

Background

[Redacted text]

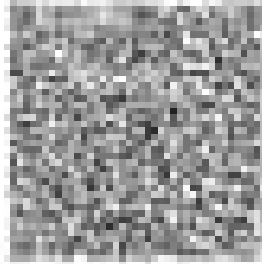
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[Redacted text]

[Redacted text]

[Redacted text]

Factor compuesto con
Ray Jose Luis Castro Garcia + 100
Eduardo Hernandez Cruz + 100

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INDUSTRIAL ARRENDOS S.A.
CALLE 100 No. 100-100
BOGOTÁ, COLOMBIA

FACTURA	
001-1991	
FECHA	1991
NO.	100-100

Fecha: 10/10/1991

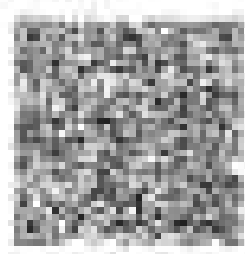
DATOS DEL CLIENTE

Nombre	INSTITUCIÓN DE EDUCACIÓN PARA ADULTOS
RFC	123456789
Dirección	CALLE 100 No. 100-100, BOGOTÁ, COLOMBIA

DESCRIPCIÓN	CANTIDAD	VALOR UNITARIO	VALOR TOTAL
-------------	----------	----------------	-------------

100	100	100000	10000000
Subtotal			10000000
IVA (19%)			1900000
TOTAL			11900000

CONDICIONES DE PAGAMENTO	
FORMA DE PAGAMENTO	CONTADO
TERMINOS DE PAGAMENTO	AL MOMENTO DE ENTREGA



CONDICIONES DE PAGAMENTO	
FORMA DE PAGAMENTO	CONTADO
TERMINOS DE PAGAMENTO	AL MOMENTO DE ENTREGA
OBSERVACIONES	
DESCRIPCIÓN DE LOS BIENES ENTREGADOS	
CANTIDAD	
VALOR UNITARIO	
VALOR TOTAL	

Fraccionamiento compartido con:
 Pq. José Luis García Cortés +370
 Eduardo Venet Curi +300

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CONTRIBUCIÓN DE LOS ALUMNOS DEL INSTITUTO

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Fecha: 1978/11

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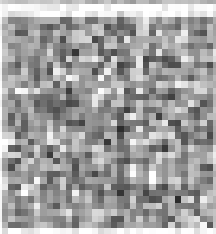
Nombre	
Apellido	
Edad	
Sexo	
Profesión	
Estado Civil	
Religión	
Partido Político	
Residencia	
Fecha de Nacimiento	
Estado de Nacimiento	
País de Nacimiento	
Fecha de Ingreso	
Estado de Ingreso	
País de Ingreso	
Fecha de Salida	
Estado de Salida	
País de Salida	

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Nombre	
Apellido	
Edad	
Sexo	
Profesión	
Estado Civil	
Religión	
Partido Político	
Residencia	
Fecha de Nacimiento	
Estado de Nacimiento	
País de Nacimiento	
Fecha de Ingreso	
Estado de Ingreso	
País de Ingreso	
Fecha de Salida	
Estado de Salida	
País de Salida	

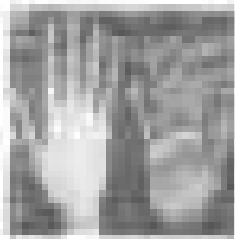


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Fracción correspondiente a los
 Prop. de los alumnos de la Facultad de Medicina + 200
 Estudiantes de la Facultad de Medicina + 200
 Los 3 alumnos de la Facultad de Medicina + 170

1
 2
 3



RESTAURANTE CAPOL

Restaurante Capol

Restaurante Capol
Calle 10 de Agosto, No. 100, Ciudad de Panamá, Panamá
Tel: (507) 231-1234
E-mail: info@restaurantecapol.com

Reservación
Fecha: _____
Hora: _____
Nombre: _____
Teléfono: _____

Nombre: _____
Apellido: _____
Calle: _____
Código Postal: _____
Teléfono: _____
E-mail: _____
Fecha: _____
Hora: _____

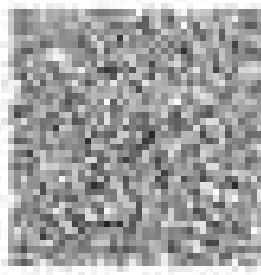
Nombre: _____
Apellido: _____
Calle: _____
Código Postal: _____
Teléfono: _____
E-mail: _____

Nombre: _____
Apellido: _____
Calle: _____
Código Postal: _____
Teléfono: _____
E-mail: _____

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Calle: _____
Código Postal: _____
Teléfono: _____
E-mail: _____

Nombre: _____
Apellido: _____
Calle: _____
Código Postal: _____
Teléfono: _____
E-mail: _____

Nombre: _____
Apellido: _____
Calle: _____
Código Postal: _____
Teléfono: _____
E-mail: _____



Fraccion Campesina S.A.
Ppto. Juan Luis Castro Castillo 4000000
Eduardo Noriega Casas 4000000
Calle 10 de Agosto P.O. Box 4000000

[Handwritten signature]

~~*[Handwritten signature]*~~

FORM 1041-100 (2018)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Washington, DC 20224
www.irs.gov

INSTRUCTIONS

Read these instructions carefully before preparing your return.

Use Form 1041-100 to report the income, deductions, and credits of a trust or estate.

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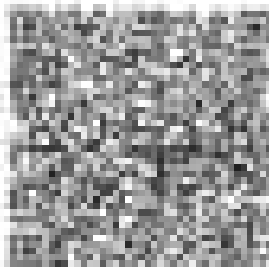
Use Form 1041-100 to report the income, deductions, and credits of a trust or estate.

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Include on Form 1041-100
Distributions of Capital Gains: 300
Roth IRA Distributions: 100
Non-qualified Dividends: 200
Tax Exempt Interest: 100



Company Name:	Address:	City:	State:
Phone:	Country:	Postal Code:	Business Type:
Website:	Company Size:	Industry:	Product/Service:
Year Founded:	Number of Employees:	Annual Revenue:	Market Segment:
Key Contact:	Job Title:	Phone:	Email:
Company Description:	Business Model:	Competitors:	Market Potential:
Notes:	Lead Source:	Lead Status:	Lead Score:

Category	Item	Quantity	Unit Price	Total Price
Product A	100	5.00	500.00	
Product B	200	3.00	600.00	
Product C	50	10.00	500.00	
Product D	150	4.00	600.00	
Product E	75	8.00	600.00	
Subtotal			2800.00	
Tax			280.00	
Total			3080.00	

Terms & Conditions: Payment due within 30 days of invoice date. Late payments subject to a 5% monthly interest charge.

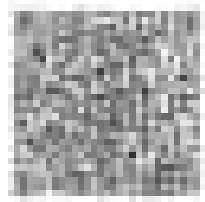
Shipping & Handling: Shipping costs are extra. Delivery times vary by location.

Warranty: All products come with a 1-year manufacturer's warranty.

Customer Information: Please provide your contact details for any inquiries or orders.

Order History: View your previous orders and track their status.

Account Management: Update your profile, preferences, and payment methods.



Company Address: 123 Main Street, Suite 100, New York, NY 10001, USA

Phone: +1 (212) 555-1234

Email: info@company.com

Website: www.company.com

Testade en utvärde Chiral Medrol
 Express Med 2008 (lever 40/200)
 1000 (lever 3148)
 1000 (lever 5294)





FORMA DE PAGO
 FORMULA DE PAGAMENTO
 FORMULA DE PAGAMENTO
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FORMA DE PAGO

FACTURA No.	4 4000
FECHA PAGAR	SEPTIEMBRE 2008
FORMA DE PAGO	CONTADO

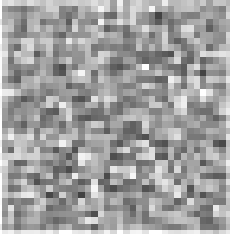
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DIRECCION DEL CLIENTE: []
 TELEFONO: []
 CIUDAD: []

DESCRIPCION	CANTIDAD	PRECIO UNITARIO	TOTAL
[]	[]	[]	[]

CONDICIONES DE PAGO:
 TERMINOS Y CONDICIONES:
 OBSERVACIONES:
 FIRMAS:
 FECHA:

Total de los artículos a pagar: []
 Efectivo: []
 Cheque: []



INFORMACION DEL CLIENTE:
 NOMBRE DEL CLIENTE:
 DIRECCION DEL CLIENTE:
 TELEFONO DEL CLIENTE:
 CIUDAD DEL CLIENTE:

TOTAL	[]
TOTAL	[]
TOTAL	[]

Compte rendu Fiscal Digital à rendre au Trésorier

Données
 Dénomination complète de l'établissement scolaire
 N° de l'établissement
 Adresse postale
 Adresse postale complète (rue, n° de la commune, code postal)
 C.A. (Code National de l'Établissement Scolaire) attribué par l'Éducation Nationale

Données
 Dénomination complète de l'établissement
 N° de l'établissement
 Adresse postale
 Adresse postale complète (rue, n° de la commune, code postal)
 C.A. (Code National de l'Établissement Scolaire) attribué par l'Éducation Nationale

Année scolaire	Montant de la contribution	Montant de la subvention	Montant de la subvention	Montant de la subvention	Montant de la subvention	Montant de la subvention	Montant de la subvention	Montant de la subvention
2020-2021	10000	10000	10000	10000	10000	10000	10000	10000

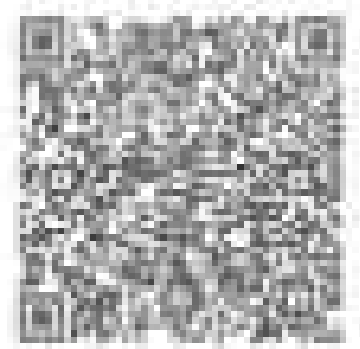
Année scolaire	Montant de la contribution	Montant de la subvention	Montant de la subvention	Montant de la subvention
2020-2021	10000	10000	10000	10000

Titulaire de la mission d'école publique
 Exp. 25 Mars 2025. Révisé 2020
 4-1-2025 09:05:10 - 10/10/2025

Montant de la contribution	10000
Montant de la subvention	10000
Montant de la subvention	10000
Montant de la subvention	10000

Remarques
 (à compléter par l'établissement scolaire en cas de besoin)

Signature
 Nom et Prénom
 Fonction
 Adresse postale
 Adresse postale complète (rue, n° de la commune, code postal)
 C.A. (Code National de l'Établissement Scolaire) attribué par l'Éducation Nationale
 Date



FORMA: 00000000000000000000

FORMA: 00000000000000000000

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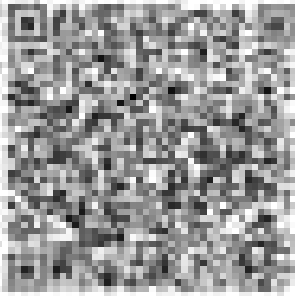
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Table with columns for 'FORMA: 00000000000000000000' and other data.

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Table with columns for 'FORMA: 00000000000000000000' and other data.



COMBUSTIBLES Y LUBRICANTES MÓDULO A

SEDE SOCIAL: AV. DEL COMERCIO 1050, TORRE 1, PUNTO CANALES, SAN PEDRO DE MACORIS, REPUBLICA DOMINICANA
 TEL: (809) 281-2000 FAX: (809) 281-2001
 WWW.COMBUSTIBLES.COM

Nombre: _____
 Cédula: _____
 Dirección: _____
 Teléfono: _____
 Correo Electrónico: _____

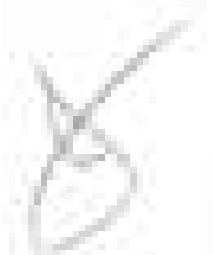
CREDITO
 CREDITO APLAZADO
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COMBUSTIBLES Y LUBRICANTES MÓDULO A

Fecha de emisión: _____
 Fecha de vencimiento: _____
 Valor: _____
 Valor de venta: _____
 Valor de compra: _____

Hoy día en presencia Oficial de la ley
 Expresé Monto 2018 pesos 407200
 Sin Interés 91432
 Sin Interés 91432

(Monto de venta de la presente es de)

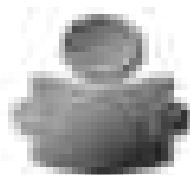


DESCRIPCIÓN _____ _____ _____	Cantidad 100.000 100.000 100.000	Precio 407200 91432 91432
--	---	------------------------------------

El presente es un documento de carácter privado y no tiene valor legal alguno.
 Fecha de emisión: _____
 Valor de venta: _____
 Valor de compra: _____

Este documento es un documento de carácter privado y no tiene valor legal alguno.
 Para más información consulte el sitio web de Combustibles y Lubricantes Módulo A.
 Teléfono: (809) 281-2000
 Correo Electrónico: info@combustibles.com
 Dirección: Av. del Comercio 1050, Torre 1, Punto Canales, San Pedro de Macorís, República Dominicana





INSTITUTO ESTATAL DE EDUCACIÓN PARA ADULTOS

COMPROBANTE DE GASTOS

Comprobante de gastos en requisitos fiscales por el importe de **0** \$ **00.00**

El beneficiario del pago es: **ED. DEL ASES. ESCOLA SANJUAN, VALES, CHARRCO Y MATRUJALA, S.L.P.**

El mes: **08/11** Al día **08** DE **NOVIEMBRE** DE **2023**

El número de comprobante: **0000** **00000**

ESTE ASESORÍA FISCAL DEL INSTITUTO LA VERDAD, QUIERE QUE LOS COMPROBANTES EN ESTE MOMENTO, SON LAS DECLARACIONES Y MANIFIESTA QUE EL COMPROBANTE DE LOS GASTOS QUE SE ENCUENTRA EN CUSTODIA DEL

PROF. JOSE LUIS CHARRCO CASTILLO

PROF. JOSE LUIS CHARRCO CASTILLO