



**MODELLO DI PAGAMENTO:
TASSE, IMPOSTE, SANZIONI
E ALTRE ENTRATE**

1. VERSAMENTO DIRETTO AL CONCESSIONARIO DI

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2. DELEGA IRREVOCABILE A

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AGENZIA/UFFICIO

 PROV.

PER L'ACCREDITO ALLA TESORERIA COMPETENTE

3. NUMERO DI RIFERIMENTO (*)

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DATI ANAGRAFICI

4. OPERATORE ECONOMICO CONCORRENTE

COGNOME, DENOMINAZIONE O RAGIONE SOCIALE		NOME		DATA DI NASCITA	
SESSO M o F	COMUNE (o stato estero) DI NASCITA / SEDE SOCIALE	PROV.	CODICE FISCALE		
			giorno	mese	anno

5. UFFICIO SPECIALE PER LA RICOSTRUZIONE POST SISMA 2016 LAZIO

COGNOME, DENOMINAZIONE O RAGIONE SOCIALE		NOME		DATA DI NASCITA	
SESSO M o F	COMUNE (o stato estero) DI NASCITA / SEDE SOCIALE	PROV.	CODICE FISCALE		
	VIA FLAVIO SABINO N. 27 - RIETI	R I	giorno	mese	anno
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			0	5	7
			1		

DATI DEL VERSAMENTO

6. UFFICIO O ENTE 7. COD. TERRITORIALE (*) 8. CONTENZIOSO 9. CAUSALE 10. ESTREMI DELL'ATTO O DEL DOCUMENTO

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codice	sub. codice (*)															
Anno	Numero															

11. CODICE TRIBUTO	12. DESCRIZIONE (*)	13. IMPORTO	14. COD. DESTINATARIO
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		,	
	PER UN IMPORTO COMPLESSIVO DI EURO	16, 0 0	

EURO (lettere)

SEDICI /00

ESTREMI DEL VERSAMENTO
(DA COMPILARE A CURA DEL CONCESSIONARIO, DELLA BANCA O DELLE POSTE)

DATA	CODICE CONCESSIONE/BANCA/POSTE	
	AZIENDA	CAB/SPOTELLO
giorno mese anno		

FIRMA

Autorizzo addebito sul conto corrente bancario	
n. _____ / _____	cod. ABI CAB
firma _____	

MOD. F 23 - 2002 - EURO



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	CODICE FISCALE <table border="1" style="width: 100%; height: 20px;"></table>	giorno mese anno

5. UFFICIO SPECIALE PER LA RICOSTRUZIONE POST SISMA 2016 LAZIO

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	CODICE FISCALE <table border="1" style="width: 100%; height: 20px;"></table>	giorno mese anno

VIA FLAVIO SABINO N. 27 - RIETI R I 9 0 0 7 6 7 4 0 5 7 1

DATI DEL VERSAMENTO

6. UFFICIO O ENTE **7. COD. TERRITORIALE (*)** **8. CONTENZIOSO** **9. CAUSALE** **10. ESTREMI DELL'ATTO O DEL DOCUMENTO**

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**MODELLO DI PAGAMENTO:
TASSE, IMPOSTE, SANZIONI
E ALTRE ENTRATE**

1. VERSAMENTO DIRETTO AL CONCESSIONARIO DI

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2. DELEGA IRREVOCABILE A

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AGENZIA/UFFICIO	PROV.
PER L'ACCREDITO ALLA TESORERIA COMPETENTE	

3. NUMERO DI RIFERIMENTO (*)

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DATI ANAGRAFICI

COGNOME, DENOMINAZIONE O RAGIONE SOCIALE	NOME	DATA DI NASCITA
4. OPERATORE ECONOMICO CONCORRENTE		
SESSO M o F	COMUNE (o stato estero) DI NASCITA / SEDE SOCIALE	PROV.
		CODICE FISCALE
		giorno mese anno

COGNOME, DENOMINAZIONE O RAGIONE SOCIALE	NOME	DATA DI NASCITA
5. UFFICIO SPECIALE PER LA RICOSTRUZIONE POST SISMA 2016 LAZIO		
SESSO M o F	COMUNE (o stato estero) DI NASCITA / SEDE SOCIALE	PROV.
	VIA FLAVIO SABINO N. 27 - RIETI	R I
		CODICE FISCALE
		giorno mese anno
		9 0 0 7 6 7 4 0 5 7 1

DATI DEL VERSAMENTO

6. UFFICIO O ENTE	7. COD. TERRITORIALE (*)	8. CONTENZIOSO	9. CAUSALE	10. ESTREMI DELL'ATTO O DEL DOCUMENTO
T K G				Anno Numero
codice sub. codice (*)				

11. CODICE TRIBUTO	12. DESCRIZIONE (*)	13. IMPORTO	14. COD. DESTINATARIO
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PER UN IMPORTO COMPLESSIVO DI EURO

EURO (lettere)

SEDICI /00

ESTREMI DEL VERSAMENTO
(DA COMPILARE A CURA DEL CONCESSIONARIO, DELLA BANCA O DELLE POSTE)

DATA	CODICE CONCESSIONE/BANCA/POSTE	
	AZIENDA	CAB/SPORELLO
giorno mese anno		

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