



**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	
<b>4. OPERATORE ECONOMICO CONCORRENTE</b>					
SESSO M o F	COMUNE (o stato estero) DI NASCITA / SEDE SOCIALE	PROV.	CODICE FISCALE	giorno	mese
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COGNOME, DENOMINAZIONE O RAGIONE SOCIALE		NOME		DATA DI NASCITA	
<b>5. COMUNE DI PAVULLO NEL FRIGNANO</b>					
SESSO M o F	COMUNE (o stato estero) DI NASCITA / SEDE SOCIALE	PROV.	CODICE FISCALE	giorno	mese
<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 300px; height: 20px;"><b>PAVULLO NEL FRIGNANO</b></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"><b>0 0 2 2 3 9 1 0 3 6 5</b></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>

**DATI DEL VERSAMENTO**

<b>6. UFFICIO O ENTE</b>	<b>7. COD. TERRITORIALE (*)</b>	<b>8. CONTENZIOSO</b>	<b>9. CAUSALE</b>	<b>10. ESTREMI DELL'ATTO O DEL DOCUMENTO</b>
<table border="1" style="width: 100px; height: 20px;"><b>T G U</b></table> <small>codice sub. codice (*)</small>	<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	Anno: <table border="1" style="width: 40px; height: 20px;"><b>2 0 2 2</b></table> Numero: <table border="1" style="width: 100px; height: 20px;"><b>L O T T I</b></table>

<b>11. CODICE TRIBUTO</b>	<b>12. DESCRIZIONE (*)</b>	<b>13. IMPORTO</b>	<b>14. COD. DESTINATARIO</b>
<table border="1" style="width: 100px; height: 20px;"><b>4 5 6 T</b></table>	<table border="1" style="width: 300px; height: 20px;"><b>IMPOSTA DI BOLLO</b></table>	<table border="1" style="width: 150px; height: 20px;"><b>16, 0 0</b></table>	<table border="1" style="width: 50px; height: 20px;"></table>
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PER UN IMPORTO COMPLESSIVO DI EURO

EURO (lettere)

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ESTREMI DEL VERSAMENTO <small>(DA COMPILARE A CURA DEL CONCESSIONARIO, DELLA BANCA O DELLE POSTE)</small>			
DATA		CODICE CONCESSIONE/BANCA/POSTE	
		AZIENDA	CAB/SPOTELLO
giorno	mese	anno	
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FIRMA

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



