



**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. COGNOME, DENOMINAZIONE O RAGIONE SOCIALE SESSO M o F <table border="1" style="width: 20px; height: 15px;"></table>	NOME PROV. <table border="1" style="width: 20px; height: 15px;"></table>	DATA DI NASCITA <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">giorno</td> <td style="width: 25%;">mese</td> <td style="width: 25%;">anno</td> <td style="width: 25%;"></td> </tr> <tr> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> </table>	giorno	mese	anno		<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>
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COMUNE (o stato estero) DI NASCITA / SEDE SOCIALE <table border="1" style="width: 100%; height: 15px;"></table>	CODICE FISCALE <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> </table>					<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	
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DATI DEL VERSAMENTO

6. UFFICIO O ENTE <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">codice</td> <td style="width: 50%;">sub. codice (*)</td> </tr> <tr> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> </table>	codice	sub. codice (*)	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	7. COD. TERRITORIALE (*) <table border="1" style="width: 100%; height: 15px;"></table>	8. CONTENZIOSO <table border="1" style="width: 15px; height: 15px;"></table>	9. CAUSALE <table border="1" style="width: 15px; height: 15px;"></table>	10. ESTREMI DELL'ATTO O DEL DOCUMENTO <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;">Anno</td> <td style="width: 10%;">Numero</td> <td style="width: 80%;"></td> </tr> <tr> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 100%; height: 15px;"></table></td> </tr> </table>	Anno	Numero		<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 100%; height: 15px;"></table>
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11. CODICE TRIBUTO <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> </table>					<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	12. DESCRIZIONE (*) <table border="1" style="width: 100%; height: 150px;"></table>	13. IMPORTO <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> </table>					<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	14. COD. DESTINATARIO <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> </table>					<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>
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PER UN IMPORTO COMPLESSIVO DI EURO

EURO (lettere)

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ESTREMI DEL VERSAMENTO

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

DATA <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">giorno</td> <td style="width: 25%;">mese</td> <td style="width: 25%;">anno</td> <td style="width: 25%;"></td> </tr> <tr> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> <td><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> </table>	giorno	mese	anno		<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>	CODICE CONCESSIONE/BANCA/POSTE <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">AZIENDA</td> <td style="width: 50%;">CAB/SPORELLO</td> </tr> <tr> <td><table border="1" style="width: 100%; height: 15px;"></table></td> <td><table border="1" style="width: 100%; height: 15px;"></table></td> </tr> </table>	AZIENDA	CAB/SPORELLO	<table border="1" style="width: 100%; height: 15px;"></table>	<table border="1" style="width: 100%; height: 15px;"></table>
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FIRMA

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Autorizzo addebito sul conto corrente bancario

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cod. ABI CAB

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

1. VERSAMENTO DIRETTO AL CONCESSIONARIO DI

2. DELEGA IRREVOCABILE A

AGENZIA/UFFICIO

PROV.

PER L'ACCREDITO ALLA TESORERIA COMPETENTE

3. NUMERO DI RIFERIMENTO (*)

DATI ANAGRAFICI

4. COGNOME, DENOMINAZIONE O RAGIONE SOCIALE		NOME		DATA DI NASCITA		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
SESSO M o F	COMUNE (o stato estero) DI NASCITA / SEDE SOCIALE	PROV.	CODICE FISCALE	giorno	mese	anno
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5. COGNOME, DENOMINAZIONE O RAGIONE SOCIALE		NOME		DATA DI NASCITA		
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SESSO M o F	COMUNE (o stato estero) DI NASCITA / SEDE SOCIALE	PROV.	CODICE FISCALE	giorno	mese	anno
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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 (*)			

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

EURO (lettere)

ESTREMI DEL VERSAMENTO (DA COMPILARE A CURA DEL CONCESSIONARIO, DELLA BANCA O DELLE POSTE)			
DATA		CODICE CONCESSIONE/BANCA/POSTE	
		AZIENDA	CAB/SPORETELLO
giorno	mese	anno	
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**MODELLO DI PAGAMENTO:
TASSE, IMPOSTE, SANZIONI
E ALTRE ENTRATE**

1. VERSAMENTO DIRETTO AL CONCESSIONARIO DI

2. DELEGA IRREVOCABILE A

AGENZIA/UFFICIO PROV.

PER L'ACCREDITO ALLA TESORERIA COMPETENTE

3. NUMERO DI RIFERIMENTO (*)

DATI ANAGRAFICI

4. 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. 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

DATI DEL VERSAMENTO

6. UFFICIO O ENTE **7. COD. TERRITORIALE (*)** **8. CONTENZIOSO** **9. CAUSALE**

10. ESTREMI DELL'ATTO O DEL DOCUMENTO
Anno Numero

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

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ESTREMI DEL VERSAMENTO

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