



**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 <table border="1" style="width: 100%; height: 20px;"></table>	NOME <table border="1" style="width: 100%; height: 20px;"></table>	DATA DI NASCITA <table border="1" style="width: 100%; height: 20px;"></table>
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DATI DEL VERSAMENTO

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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)			
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giorno	mese	anno	

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	cod. ABI	CAB	
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