



**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.
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CODICE FISCALE		giorno mese anno
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COGNOME, DENOMINAZIONE O RAGIONE SOCIALE	NOME	DATA DI NASCITA
5. UNIONE VAL D'ENZA		
SESSO M o F	COMUNE (o stato estero) DI NASCITA / SEDE SOCIALE	PROV.
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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
T G 2				Anno Numero
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codice	sub. codice (*)			

11. CODICE TRIBUTO	12. DESCRIZIONE (*)	13. IMPORTO	14. COD. DESTINATARIO
4 5 6 T	BOLLO CIG: 8217657116	16, 0 0	
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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. UNIONE VAL D'ENZA		
SESSO M o F	COMUNE (o stato estero) DI NASCITA / SEDE SOCIALE	PROV.
	CODICE FISCALE	giorno mese anno
	9 1 1 4 4 5 6 0 3 5 5	

DATI DEL VERSAMENTO

6. UFFICIO O ENTE	7. COD. TERRITORIALE (*)	8. CONTENZIOSO	9. CAUSALE	10. ESTREMI DELL'ATTO O DEL DOCUMENTO
T G 2				Anno Numero
codice sub. codice (*)				

11. CODICE TRIBUTO	12. DESCRIZIONE (*)	13. IMPORTO	14. COD. DESTINATARIO
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EURO (lettere)

SEDICI/00

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

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