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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RECIBO OFICIAL DE PAGO DE IMPUESTO PREDIAL UNIFICADO** | | | | | | | | | | | | |  | |
| **DATOS GENERALES DEL OBLIGADO** | | | | | | | | | | | | | | |
| Número de identificación Tributaria  800000092 | | | Apellidos y Nombres del Contribuyente (o Razón Social para Personas Jurídicas)  SEGUROS BETA S.A. CORREDORES DE SEGUROS | | | | | | | | | | | |
| Año Gravable  2024, 2024 | | No. Formulario de abono a cancelar | | | Fecha del Formulario | | | | | | Fecha de Pago | | | |
| AÑO  2024 | | | MES  4 | DIA  3 | | AÑO  2024 | MES  04 | | DIA  03 |
| No. Factura Abono  010081520240403113753 | | Fecha de factura abono | | AÑO | MES | DIA |  | | |  | | | | |
| 2024 | 04 | 03 |  | | |  | | | | |
| **PAGOS** | | | | | | | | | | | | | | |
| Impuesto | | | | | | | $16.667 | | | | | | | |
| Interés | | | | | | | $0 | | | | | | | |
| Sanciones | | | | | | | $0 | | | | | | | |
| Interés de Plazo | | | | | | | $0 | | | | | | | |
| **PAGO TOTAL** | | | | | | | $10.000 | | | | | | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **FIRMA DE REPRESENTANTE LEGAL O PROPIETARIO** | | | | | | | | | | | | | | |
| Nombre | SEGUROS BETA S.A. CORREDORES DE SEGUROS | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| C.C. No. | 800000092 | | | | | | | | | | | | | |