



# DECLARATION OF PERSONAL DETAILS, TAX AND SOCIAL SECURITY INFORMATION

## SECTION 1 PERSONAL DETAILS AND METHOD OF PAYMENT

**New Declaration**     **Correction of Declaration**

Pursuant to Presidential Decree no. 445 of 28/12/2000, I, the undersigned, declare as follows:

<b>A.1</b>	<b>Surname</b>	If you are a woman, your maiden name			
<b>A.2</b>	<b>Name</b>				
<b>A.3</b>	<b>Sex</b>	M	<input type="checkbox"/>	F	<input type="checkbox"/>
<b>A.4</b>	<b>Place of birth</b>	Municipality (or foreign country) of birth		Province (abbreviation)	
<b>A.5</b>	<b>Date of birth</b>	<input type="text"/>	<input type="text"/>	Day, month, year (dd/mm/yyyy)	
<b>A.6</b>	<b>Italian fiscal code</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>A.7</b>	<b>Nationality</b>				
<b>A.8</b>	<b>Italian Tax address on 01/01/2023</b>	Municipality	Province (abbreviation)	Post code	
		Street and number			
<b>A.9</b>	<b>Italian Tax address after 01/01/2023</b> (if other than the above)	Municipality	Province (abbreviation)	Post code	
		Street and number			
<b>A.10</b>		Landline telephone	Office telephone		
		Mobile telephone	Fax		
		Email address <b>@unibo.it</b>			
<b>A.11 Payment</b>	To bank current account or BancoPosta or a Prepaid Card <b>Attention: The declarant must be the holder or a joint holder of the current account</b>	27 seven alphanumeric characters, no dashes or commas, see the example			
		ABI	CAB	Numero conto corrente	
		IT 96 W 05856 11601 050570111111			
		Name of Bank / Branch			
		.....			
COUNTRY CODE	CIN IBAN	CIN	ABI	CAB	CURRENT ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**ATTENTION:** Holders of European and non-European current accounts must also indicate:

BIC/SWIFT code	ABA routing number
<input type="text"/>	<input type="text"/>

Place and date

Signature (full and legible)

**SECTION 2 TAX AND SOCIAL SECURITY INFORMATION**

Pursuant to Presidential Decree no. 445 of 28/12/2000, I, the undersigned, declare:  
(tick the appropriate boxes)

I am registered for VAT	€ YES	Please complete Section 2.1
	€ NO	Please complete Section 2.2

**Section 2.1**

Italian VAT number is	€ personal	€ of a professional firm ("studio associato")
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Name of professional firm	
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Italian VAT number										
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The teaching activity falls within the scope of my trade or profession, and I will issue invoices accordingly	€ YES	Please tick only one box from A to B2
	€ NO	Tick box C

This case includes:

(For categories from A to A2, please complete Section 3, point 3.3, and indicate your pension scheme or fund)

€ Professional registered with the relevant Professional Association and Professional Pension Fund, under the Normal Tax Scheme pursuant to Presidential Decree 633/1972	<b>A</b>
€ Professional registered with the relevant Professional Association and Professional Pension Fund, under the "Minimi" Special Tax Scheme pursuant to Law 244/2007 and Decree-Law 98/2011, as amended	<b>A.1</b>
€ Professional registered with the relevant Professional Association and Professional Pension Fund, under the "Forfettario" Special Tax Scheme pursuant to Law 190/2014, as amended	<b>A.2</b>
€ Professional NOT registered with any Professional Association or Professional Pension Fund, under the Normal Tax Scheme Registered with the INPS Separate Pension Scheme, Law 335/1995	<b>B</b>
€ Professional NOT registered with any Professional Association or Professional Pension Fund, under the "Minimi" Special Tax Scheme pursuant to Law 244/2007 and Decree-Law 98/2011, as amended	<b>B.1</b>
€ Professional NOT registered with any Professional Association or Professional Pension Fund, under the "Forfettario" Special Tax Scheme pursuant to Law 190/2014, as amended	<b>B.2</b>
€ The teaching activity does <b>not</b> fall within the scope of the ATECO codes relevant to my registration for VAT. Accordingly, <b>I am not required</b> to issue e-invoices	<b>C</b>

**Section 2.2**

€ Non-occasional self-employed worker	<b>D</b>
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Place and date

Signature (full and legible)

Please attach a copy of a valid identity document

### SECTION 3 OTHER TAX AND SOCIAL SECURITY INFORMATION

Pursuant to Presidential Decree no. 445 of 28/12/2000, I, the undersigned, declare: *(tick the appropriate boxes)*

3.1	I AM A (scholarship holders, PhD students, research fellows, coordinated and continuous collaborators are not employees)	<input type="checkbox"/>	<b>PUBLIC SECTOR EMPLOYEE</b>	Organisation: _____	
		<input type="checkbox"/>		Italian Fiscal code: _____	
		<input type="checkbox"/>	<b>PRIVATE SECTOR EMPLOYEE (Please indicate employer)</b>		
		<input type="checkbox"/>	<b>On a FIXED-TERM CONTRACT from</b>	...../...../.....	<b>to</b> ...../...../.....
		<input type="checkbox"/>	<b>On a PERMANENT CONTRACT since</b>	...../...../.....	

3.2	<b>I AM REQUIRED TO REGISTER WITH THE</b> <i>(tick the appropriate box):</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>INPS Separate Pension Scheme</b> , pursuant to Article 2, paragraph 26 of Law 335/95
<input type="checkbox"/>	<input type="checkbox"/>	<b>ENPAPI Separate Pension Scheme</b>

3.3	<b>I AM ENTITLED TO REDUCTION OF CONTRIBUTION to the INPS Separate Pension Scheme or ENPAPI Separate Pension Scheme because</b> <i>(tick the appropriate box):</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>I am a direct pension holder since</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>I am an indirect or survivor's pension holder since</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>I am registered with the Professional Pension Fund for:</b> _____ <i>(Please provide description according to the table in the Guide to completing the Declaration, paragraph 3.3)</i>

3.4	<b>I AM NOT REQUIRED TO PAY CONTRIBUTIONS TO THE INPS SEPARATE PENSION SCHEME OR ENPAPI SEPARATE PENSION SCHEME because</b> <i>(tick the appropriate box):</i>	
<input type="checkbox"/>	<input type="checkbox"/>	I have exceeded the maximum annual taxable income of <b>113,512.00 euro</b> for the current year (this amount does not include pension or employment income, but only self-employment or assimilated income)

3.5	<b>AS AT THE DATE OF THIS DECLARATION:</b>																												
	<b>I HAVE RECEIVED or I EXPECT TO RECEIVE</b> the following remuneration and/or fees from the State, which <b>EXCEED</b> the limit of <b>240,000.00 euro</b> , from the following Organisations:																												
	<table border="1"> <thead> <tr> <th>ORGANISATION</th> <th>Nature of position/relationship</th> <th>Duration From..... to ....</th> <th>Total amount</th> <th>Annual amount</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				ORGANISATION	Nature of position/relationship	Duration From..... to ....	Total amount	Annual amount																				
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**SECTION 3 OTHER TAX AND SOCIAL SECURITY INFORMATION**

Pursuant to Presidential Decree no. 445 of 28/12/2000, I, the undersigned, declare:  
(tick the appropriate boxes)

3.6	<b>TAX CREDIT FOR EMPLOYMENT INCOME I REQUEST:</b>	<input type="checkbox"/>	<b>NOT TO APPLY TAX CREDIT</b> because I have already claimed it from another withholding agent
		<input type="checkbox"/>	<b>TO APPLY TAX CREDIT</b> because I have not claimed it from any other withholding agent
	<b>PLEASE NOTE:</b> Unless you opt out, tax credit for employment income will be applied	<input type="checkbox"/>	<b>TO APPLY FIXED TAX CREDIT, AS THIS IS THE ONLY INCOME I RECEIVED IN THE CALENDAR YEAR AND IT DOES NOT EXCEED 15,000.00 EURO</b>

3.7	<b>SPOUSE'S TAX IDENTIFICATION NUMBER</b>	<input type="text"/>									
	<b>Mandatory information in the case of dependent spouse</b>	<b>DEPENDENT SPOUSE</b> since ..... / ..... / .....									

3.8	<b>TAX CREDIT FOR THE FOLLOWING DEPENDENT FAMILY MEMBERS</b>	<p><b>DEPENDENT FAMILY MEMBERS:</b> You are entitled to tax credit for dependent children (legitimate, natural, adopted or foster children) of 21 years of age and above, if their personal income does not exceed:</p> <ul style="list-style-type: none"> <li>• 4,000.00 euro for children between 21 and 24 years of age;</li> <li>• 2,840.51 for family members and children of 24 years of age and above.</li> </ul>																																												
	<b>PLEASE NOTE:</b> Tax credit for dependent family members can only be claimed if no other employer has already applied it	<table border="1"> <thead> <tr> <th colspan="4"></th> <th>Tax identification number</th> <th>Date of birth (dd/mm/yyyy)</th> <th>Tax credit %</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>F</td> <td><input type="checkbox"/></td> <td>A</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>F</td> <td><input type="checkbox"/></td> <td>A</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>F</td> <td><input type="checkbox"/></td> <td>A</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>F</td> <td><input type="checkbox"/></td> <td>A</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>(* ) <b>F</b> = Dependent child of 21 years of age and above. <b>A</b> = Other family member.</p>															Tax identification number	Date of birth (dd/mm/yyyy)	Tax credit %	<input type="checkbox"/>	F	<input type="checkbox"/>	A				<input type="checkbox"/>	F	<input type="checkbox"/>	A				<input type="checkbox"/>	F	<input type="checkbox"/>	A				<input type="checkbox"/>	F	<input type="checkbox"/>	A		
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3.9	<b>IRPEF TAX RATE I REQUEST:</b> Optional information	<input type="checkbox"/>	<b>TO APPLY THE HIGHEST IRPEF TAX RATE OF</b> .....%
		<input type="checkbox"/>	<b>(The current tax rates above 23% are: 25%, 35%, 43%)</b>

3.10	<b>INCOME SUPPLEMENT LAW 21/2020 I REQUEST:</b>	<input type="checkbox"/>	<b>NOT TO APPLY THE INCOME SUPPLEMENT PURSUANT TO LAW 21/2020</b> If your total income exceeds 28,000.00 euro or if you receive the income supplement from another employer
	<b>PLEASE NOTE:</b> Unless you opt out, the income supplement will be applied	<input type="checkbox"/>	<b>TO APPLY THE INCOME SUPPLEMENT PURSUANT TO LAW 21/2020</b> If your total income does not exceed 28,000.00 euro and the total amount of tax credit pursuant to Law 234/2021 exceeds the gross IRPEF tax

Place and date

Signature (full and legible)

I, the undersigned,  
aware of the criminal penalties for making false declarations or preparing or using false documents, as referred to in Article 76 of Presidential Decree no. 445 of 28/12/2000, and of the provisions of Article 75 of Presidential Decree 445/2000,  
**AGREE**  
to notify promptly any and all changes in the information declared in this section and to reimburse the University in full if it is penalised by the competent Authorities as a result of the omitted/late/incomplete/inexact notification of changes in the information declared.

## Information on the processing of personal data

Pursuant to Article 13 of the General Data Protection Regulation (Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016), data subjects are informed that any personal data provided to or in any case obtained by Alma Mater Studiorum – University of Bologna will be processed for the purposes of paying remuneration and managing the related activities.

The data will be processed by specifically authorised persons, using also computerised means, in the manner and to the extent necessary to achieve the aforementioned purposes, including in the event of sharing the data with third parties. The provision of said data is essential in order to pay remuneration and refusal to provide said data will prevent payment thereof.

Data subjects have the rights referred to in Articles 15 et seq. of the aforementioned Regulation (EU) 2016/679, in particular the right to access their data, to request and obtain the rectification, erasure or restriction on processing of their data, as well as to object to the processing of their data and to request data portability. They may exercise these rights by emailing Alma Mater Studiorum – University of Bologna at [privacy@unibo.it](mailto:privacy@unibo.it).

Data subjects who believe that their personal data have been processed in violation of the requirements of the Regulation may file a complaint with the Italian Data Protection Authority, as provided for by Article 77 of the above Regulation, or seek an effective judicial remedy (Article 79 of the Regulation).

The Data Controller is Alma Mater Studiorum – University of Bologna (headquarters: via Zamboni 33, 40126 - Bologna, Italy; email: [privacy@unibo.it](mailto:privacy@unibo.it); PEC: [scriviunibo@pec.unibo.it](mailto:scriviunibo@pec.unibo.it)).

The contact details for the Data Protection Officer are: headquarters: via Zamboni 33, 40126 - Bologna, Italy; email: [dpo@unibo.it](mailto:dpo@unibo.it); PEC: [scriviunibo@pec.unibo.it](mailto:scriviunibo@pec.unibo.it).

Further information can be found on the website [www.unibo.it/privacy](http://www.unibo.it/privacy).

Place and date

Signature (full and legible)