



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:

A.1	Surname	If you are a woman, your maiden name		
A.2	Name			
A.3	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	
A.4	Place of birth	Municipality (or foreign country) of birth	Province (abbreviation)	
A.5	Date of birth	<input type="text"/>	<input type="text"/>	Day, month, year (dd/mm/yyyy)
A.6	Italian fiscal code	<input type="text"/>	<input type="text"/>	<input type="text"/>
A.7	Nationality			
A.8	Italian Tax address on 01/01/2024	Municipality	Province (abbreviation)	Post code
		Street and number		
A.9	Italian Tax address after 01/01/2024 (if other than the above)	Municipality	Province (abbreviation)	Post code
		Street and number		
A.10		Landline telephone	Office telephone	
		Mobile telephone	Fax	
		Email address @unibo.it		
A.11 Payment	To bank current account or BancoPosta or a Prepaid Card Attention: The declarant must be the holder or a joint holder of the current account	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

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

BIC/SWIFT code

ABA routing number

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")
Name of professional firm		

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	A
€ 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	A.1
€ Professional registered with the relevant Professional Association and Professional Pension Fund, under the "Forfettario" Special Tax Scheme pursuant to Law 190/2014, as amended	A.2
€ 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
€ 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.1
€ 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.2
€ The teaching activity does not fall within the scope of the ATECO codes relevant to my registration for VAT. Accordingly, I am not required to issue e-invoices	C

Section 2.2

€ Non-occasional self-employed worker	D
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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"/>	PUBLIC SECTOR EMPLOYEE	Organisation: _____ Italian Fiscal code: _____		
		<input type="checkbox"/>	PRIVATE SECTOR EMPLOYEE (Please indicate employer)			
		<input type="checkbox"/>	On a FIXED-TERM CONTRACT from/...../.....	to/...../.....
		<input type="checkbox"/>	On a PERMANENT CONTRACT since/...../.....		

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

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

3.4	I AM NOT REQUIRED TO PAY CONTRIBUTIONS TO THE INPS SEPARATE PENSION SCHEME OR ENPAPI SEPARATE PENSION SCHEME because <i>(tick the appropriate box)</i> :
<input type="checkbox"/>	I have exceeded the maximum annual taxable income of 119,650.00 euro for the current year (this amount does not include pension or employment income, but only self-employment or assimilated income)

3.5	AS AT THE DATE OF THIS DECLARATION:																									
	<p>I HAVE RECEIVED or I EXPECT TO RECEIVE the following remuneration and/or fees from the State, which EXCEED the limit of 240,000.00 euro, from the following Organisations:</p> <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	TAX CREDIT FOR EMPLOYMENT INCOME I REQUEST:	<input type="checkbox"/>	NOT TO APPLY TAX CREDIT because I have already claimed it from another withholding agent
	PLEASE NOTE: Unless you opt out, tax credit for employment income will be applied	<input type="checkbox"/>	TO APPLY TAX CREDIT because I have not claimed it from any other withholding agent
		<input type="checkbox"/>	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

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

3.8	TAX CREDIT FOR THE FOLLOWING DEPENDENT FAMILY MEMBERS	DEPENDENT FAMILY MEMBERS: Give details of all dependent members of the family, with a relative tax credit percentage, including children under the age of 21, for whom tax credit is not made because of the assegno unico universale.																																										
	PLEASE NOTE: Tax credit for dependent family members (children of 21 years of age and above and other members) can only be claimed if no other employer has already applied it	<table border="1"> <thead> <tr> <th colspan="5">Family status (*)</th> <th>Italian fiscal code</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><input type="checkbox"/></td> <td>D</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>F</td> <td><input type="checkbox"/></td> <td>A</td> <td><input type="checkbox"/></td> <td>D</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>F</td> <td><input type="checkbox"/></td> <td>A</td> <td><input type="checkbox"/></td> <td>D</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>F</td> <td><input type="checkbox"/></td> <td>A</td> <td><input type="checkbox"/></td> <td>D</td> <td></td> <td></td> </tr> </tbody> </table> <p>(*) F = Dependent child; A = Other family member; D = disabled child</p>				Family status (*)					Italian fiscal code	Date of birth (dd/mm/yyyy)	Tax credit %	<input type="checkbox"/>	F	<input type="checkbox"/>	A	<input type="checkbox"/>	D			<input type="checkbox"/>	F	<input type="checkbox"/>	A	<input type="checkbox"/>	D			<input type="checkbox"/>	F	<input type="checkbox"/>	A	<input type="checkbox"/>	D			<input type="checkbox"/>	F	<input type="checkbox"/>	A	<input type="checkbox"/>	D	
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3.9	IRPEF TAX RATE I REQUEST: Optional information	<input type="checkbox"/>	TO APPLY THE HIGHEST IRPEF TAX RATE OF%
		<input type="checkbox"/>	(The current tax rates above 23% are: 35%, 43%)

3.10	INCOME SUPPLEMENT LAW 21/2020 I REQUEST:	<input type="checkbox"/>	NOT TO APPLY THE INCOME SUPPLEMENT PURSUANT TO LAW 21/2020 If your total income exceeds 28,000.00 euro or if you receive the income supplement from another employer
	PLEASE NOTE: Unless you opt out, the income supplement will be applied	<input type="checkbox"/>	TO APPLY THE INCOME SUPPLEMENT PURSUANT TO LAW 21/2020 If your total income does not exceed 28,000.00 euro and if the gross income tax determined is higher than the amount of the deduction due pursuant to Article 13, paragraph 1, of the aforementioned single text on income tax, reduced by the amount of € 75 in relation to the period of work in the year.

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.

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; PEC: scriviunibo@pec.unibo.it).

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

Further information can be found on the website www.unibo.it/privacy.

Place and date

Signature (full and legible)