



I DECLARE

Pursuant to Articles 46-47 of Presidential Decree no. 445/2000, and aware of the criminal sanctions concerning false or misleading statements and the creation or use of false documents as referred to in Art. 76 of Presidential Decree 445/00.

I request / I do NOT request (cross out the option that does not apply) **the application of an established international bilateral convention for the avoidance of double taxation between Italy and (my country of residence)**
_____ **in accordance with the OECD model treaty.**

PLEASE NOTE: The following section must be completed by applicants who wish to request the application of an established bilateral agreement

I am not resident in Italy, I do not have a stable organisation in Italy and I do not declare my income in Italy.

In accordance with the international bilateral convention for the avoidance of double taxation between Italy and _____ pursuant to Law _____ Art. _____ (transposed by the internal regulations in Official Gazette no. _____ of _____) which provides that compensation received will be taxed in the subject's country of residence, these payments will be completely or partially exempt from taxation in Italy.

To be exempt from paying income tax in Italy, please **attach your certificate of residence** for fiscal purposes in the country of _____ and a **statement providing you meet the necessary conditions for the formal agreement, issued or countersigned by the relevant foreign financial authority**, indicating that you are liable to pay these taxes in your country of residence. If this statement is not written in an easily translatable language, it is necessary to attach a complete translation of the statement by the Italian Consulate in your country of residence. Otherwise **fill in FORM D (issued by the Italian Revenue Agency for the avoidance of double taxation) countersigned by the relevant foreign financial authority.**

I ALSO DECLARE

I have / I do NOT have (cross out the option that does not apply) **a compulsory insurance in my country of residence**

Signature: _____



I HEREBY DECLARE UNDER MY RESPONSIBILITY THAT MY POSITION IS AS FOLLOWS:

SELF-EMPLOYED, not regularly involved in professional work and therefore only occasionally performing work activities as per Art. 67(1)(l) of Presidential Decree 917/86.

Signature: _____

With regard to social security cover, I ALSO DECLARE

(Please sign **both letter A and B**. Failure to sign one of the options below will result in not being paid until your social security status has been officialised).

A) I have registered / will register (cross out the option that does not apply) for **separate social security management** (“**Gestione separata**”) at the relevant INPS office.

Signature: _____

B) I do not have compulsory insurance cover and/or an indirect or survivor’s pension and am therefore subject to pay contributions of **34.23%**. If my position changes, I undertake to inform the university so that my contributions will be paid correctly.

Signature: _____

C) I exceed the annual contribution limit of € 102,543.00 with separate social security management (“**Gestione separata**”, **Law 335/95**) and therefore request the university administration not to make contribution deductions.

Signature: _____

STATEMENT OF HAVING EXCEEDED OR NOT EXCEEDED THE €5,000.00 ALLOWANCE

(Art. 44 of Law 326/2003 – INPS Circular no. 103/2004)

I DECLARE

(please tick the option that applies to you)

- During this tax year, I have so far received ____ payments for self-employed, casual work as per Art. 67, which amount to a total **not exceeding €5,000.00** (specifically, €_____ in total) administered by public and/or private entities that are not the University of Verona. I also declare that I shall independently pay all contributions due, thereby relieving this entity from any responsibilities regarding the involuntary omission of separate INPS management. Moreover, I shall give notice if the exemption amount is exceeded in order to allow the entity to apply withholding tax and to pay the sums due.
Please indicate any compensation received. If none, write ZERO “0”.
- During this tax year, I have so far received ____ payments for self-employed, casual work as per Art. 67, which amount to a total of **more than €5,000.00**.



I, THE UNDERSIGNED, ACKNOWLEDGE

Pursuant to Art. 13 of the EU Regulation 2016/679 (hereinafter the “Regulation”), we inform you that the processing of the personal data provided or in any case acquired by the University of Verona, has the purpose of allowing the request and payment of the due amount and the application of obligations relating to social security, tax and contribution provided for by current legislation and will be carried out at the University by authorised staff, also by means of computer technologies, in the ways and within the limits necessary to achieve the above purposes. Data will be stored in compliance with the regulations on the storage of administrative documentation.

I UNDERTAKE

to inform the university of any changes in the above information, thereby from this moment relieving the University of Verona of any responsibilities in this matter.

(Date)

(Legible signature)

Declaration pursuant to Article 15 of Legislative Decree No. 33/2013
and Articles 46 and 47 of Presidential Decree 445/2000

(tick and complete the relevant statement)

I, the undersigned, tax number

aware of the criminal liability that may be incurred in the event of a false declaration, pursuant to Article 76 of Presidential Decree 445/2000,

declare:

that I do not hold a position at, or carry out tasks for, any private law entity that is regulated or financed by the Italian government;

that I hold the following position at, or carry out the following tasks for, a private law entity that is regulated or financed by the Italian government:

entity

task/position

from to

entity

task/position

from to

that I do not perform any paid professional work (including contract or freelance work, business ownership or otherwise);

that I perform the following paid professional activities:

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.....

I agree to communicate any change in circumstances that occur during the period of my relationship with the University of Verona.

Place and date Declarant