

**PERSONAL FORM (tributary, previdential and tax data)**

***(PLEASE NOTE The incomplete and/or uncorrect filling in the below declararion involves the inability and/or delay in drafting the eventual contract)***

**ANAGRYPHIC DATA**

LAST AND FIRST NAME .....

PLACE AND DATE OF BIRTH.....

ADDRESS Street.....

CITY ..... POSTAL CODE..... COUNTRY.....

TAX RESIDENCE (to fill in only if it differs to the above declared residence)

STREET.....

CITY ..... POSTAL CODE..... COUNTRY.....

TELEPHONE NUMBER ..... MOBILE NUMBER.....

EMAIL ADDRESS (mandatory).....

CERTIFIED MAIL (PEC).....

**FISCAL CODE:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

***(to complete only if living abroad):***

foreign ID code or passport number:.....

**METHOD OF PAYMENT:**

θ Credit on Bank account.....

Agency/branch office.....

Address .....

| International Bank Account Number (IBAN) |            |     |     |  |  |  |     |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------|------------|-----|-----|--|--|--|-----|--|--|--|------------------------------|--|--|--|--|--|--|--|--|--|--|
| Country                                  | Check (n.) | CIN | ABI |  |  |  | CAB |  |  |  | N. BANK ACCOUNT (12 numbers) |  |  |  |  |  |  |  |  |  |  |
|                                          |            |     |     |  |  |  |     |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |

***(to complete only if living abroad):*** bank SWIFT or BIC code .....

**FISCAL POSITION (please tick the box of interest)**

|                                                                                                                                                                                                                                     |                |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| VAT position<br>(if yes please write the VAT number.....)<br>If so specify possible associated commercial firm:<br><b>Corporate name</b><br><b>VAT number.....Fiscal Code.....</b><br><b>Legal Address</b>                          | YES            | NO           |
| Self-employed                                                                                                                                                                                                                       | YES            | NO           |
| Carrying on business activities                                                                                                                                                                                                     | YES            | NO           |
| The activity under contract is part of the business core activities for the licensed tasks under VAT number<br><b>PLEASE NOTE:</b> If yes, the contractor must issue the invoice, if tick NO, he/she must not invoice the activity. | YES            | NO           |
| Flat rate tax – small taxpayers Italian Law 190/14 article n.1 clause 54 and following clauses<br><br><i>The accumulated income to other substitute tax (clause 67 law n.190/14)</i>                                                | YES<br><br>YES | NO<br><br>NO |
| Professional contractor with minimum regime, former art.n. 27 decree law n.98/2011 clauses n.1 and n.2                                                                                                                              | YES            | NO           |

**(to fill out if living abroad):**

|                                                                                                                                                     |            |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| Paying tax debts in the country of residence and asking for bilateral convention application                                                        | YES<br>(a) | NO<br>(b) |
| Enrolled to INPS separate fund management and/or mandatory national pension fund management<br>(EU country) (to tick YES if previously fill NO box) | YES        | NO        |

- (a) Person with fiscal address abroad. Remuneration from coordinated and continuous collaboration is exempt from withholding taxes in relation to the provisions of the International Bilateral Convention against double taxation between the country of residence and Italy.  
Attach "D model", as stated by Dir. Agenzia Entrate prot. n. 2013/84404 on 10th July 2013, to download at <https://www.iaav.it/Servizi-IU/servizi-ge1/richesta-index.htm> to take advantage of the bilateral convention against double taxation and tax evasion (and certification of tax residence issued by foreign tax authorities)
- (b) Person with fiscal address abroad. Remuneration from coordinated and continuous collaboration is subject to a 30% withholding tax since there is no international convention against double taxation between the country of residence and Italy and/or since the existing convention does not provide for the exemption from the payment of taxes in Italy and/or since the withholding agent does not intend to request the application of the conventional treatment

**PENSION POSITION (please tick the box of interest)**

|                                                                                             |         |        |
|---------------------------------------------------------------------------------------------|---------|--------|
| Enrolled to INPS separate fund management *                                                 | YES     | NO     |
| Enrolled to different mandatory pension fund management<br>if YES please state which* ..... | YES (a) | NO (b) |
| Direct pensioner                                                                            | YES (a) | NO     |

- (a) Subject to contributory management at the rate of 24,00%
- (b) Subject to contributory management at the rate of 33,72% (Cassa Unica) + 1,31% (Unemployment benefits-Collaboratori) for a total sum about 35,03% (1,31 % is not applicable to occasional and board and commission members but it applies for board of directors and panel of auditors, if under the terms of collaborators contract).
- \* compulsory registration for those who do not issue invoices, except in special cases, such as journalist.

**(For VAT and non-VAT holders): (please tick the box of interest)**

|                                                                     |     |    |         |
|---------------------------------------------------------------------|-----|----|---------|
| Exerting revenue                                                    | 2%  | 4% | 2% & 4% |
| Enrolled in fund to which she/he shall also contribute for co.co.co | YES | NO |         |

|                                                                                                                                        |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Enrolled in INAIL<br>If YES please indicate subscription code.....<br>Place of jurisdiction.....<br>Number of staff or associates..... | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------|-----|----|

**FISCAL POSITION**

Possible request of fixed IRPEF application, more than 23%:

☐ 33%

☐ 43%

☐ Deduction not applicable (Art. 13 TUIR dependent work)

☐ Complementary treatment not applicable (Law n.21/2020)

**NB:** if employee statut subsists please tick the box.

**Furthermore declaring to be PUBLIC EMPLOYEE:**

YES

NO

If YES complete:

Firm: .....

Fiscal Code.....and VAT .....

Address .....

The undersigned declares to be aware of sanctions for false statements and she/he undertakes to promptly notify any change to the above situation.

**Place and date**.....

**Signature** .....

This statement does not require authentication of signature in accordance with Article 39 paragraph 1 of Presidential Decree 445/2000