

SAPIENZA UNIVERSITY OF ROME

DEPARTMENT /FACULTY/AREA/ UNIT _____

SUBJECT: Communication of personal data for tax purposes

Full name _____

Date of birth _____ Place of birth _____

Country of Birth _____

Address _____

Tax code _____ Citizenship _____, with Tax residence in
_____, (foreign tax identification code no.

_____), for the post of visiting professor / researcher as per RD to be
carried out in _____

in the _____ period

I DECLARE

FOR TAX PURPOSES

under my own responsibility that

I do not live in Italy (non-resident), I am not professionally based in Italy, that I do not file my tax
return in Italy and that I am resident for tax purposes in

In relation to receiving a possible lump sum contribution as compensation and integration of the
expenses for my stay in Italy, I

(if any) ASK for the direct application of the bilateral international convention to prevent double taxation
between Italy and _____ pursuant to the Law _____ art. ____; therefore the
income from my assignment for this administration will be taxed together with the income from my
employment in my country of residence.

Attachment:

- documentation proving residence for tax purposes in _____ validated by

Or

- form "D" duly completed, also signed by the tax authority of the country of residence.

Signature _____

I declare that I am aware that this administration, based on its own indisputable evaluations, may decide not to apply the conventional treatment directly. In this case, the amount paid will be subject to 30% withholding tax as per art. 25 of Presidential Decree 600/1973.

I declare that I have been informed, under EU Regulation 2016/679 and Legislative Decree 196/2003 on the protection of personal data, that the data collected with this document will be processed lawfully and fairly for the purposes related to the provision of compensation as well as for the obligations imposed by law. The data, the conferment of which is compulsory to fulfil the formalities imposed by law, will be stored in electronic and/or paper archives. All the appropriate security measures will be taken to safeguard from the risk of unauthorised access by third parties. These data will be communicated to any third parties only for the purposes imposed by law. I also declare that I have been informed that I can exercise my rights under the above-mentioned Legislative Decree.

The data controller is _____

DATE _____ SIGNATURE _____

FOR SOCIAL SECURITY PURPOSES

under my own responsibility

☐ That I am an EMPLOYEE and that my working position is _____ in the EU country _____.

DATE _____ SIGNATURE _____

☐ That I am not an EMPLOYEE in any EU Member State. Therefore, I make the following statement for the purposes of "INPS gestione separata" (i.e Italian social security service) pursuant to Article 2, paragraph 26 et seq. of Law 335/1995.

STATEMENT

☐ I declare that I have so far received, during the 2023 tax year, from tax withholding agents resident in Italy, sums constituting income under Article 67, paragraph 1, letter I), Presidential Decree 917/1986 for an amount not exceeding € 5.000, specifically € _____, (please indicate even if equal to 0,00) and therefore invites this administration to take this information into account for the purposes of the INPS contribution deduction (Article 44 of Law 326/2003 - INPS Circular letter No. 103/2004).

I undertake to communicate any exceeding of the € 5,000 limit to allow the application of the withholding tax and allow this administration to pay the amounts due.

If I fail to do so, I declare that I am willing to bear the related costs in full, relieving this administration of charges and liability for the unintentional omission to pay to the separate INPS management.

DATE _____

SIGNATURE _____

STATEMENT

☐ I declare that I have so far received, during the 2023 tax year, from tax withholding agents resident in Italy, sums constituting income under Article 67, paragraph 1, letter I), Presidential Decree 917/1986 over € 5.000, but not exceeding the annual contribution limit of €. 103,055.00, specifically €. _____, and therefore invites this administration to take this information into account for the purposes of the INPS contribution deduction (Article 44 of Law 326/2003 - INPS Circular letter No. 103/2004).

I undertake to communicate if the aforementioned annual contribution exceeds the limit so that the deduction can be stopped.

If I fail to do so, I undertake to repay the excess amounts paid by this administration.

DATE _____

SIGNATURE _____