



To fill in and return to the
relevant Department/Center/Office

MODULO B – OCCASIONAL OR SPORADIC EMPLOYMENT NON-RESIDENT

I,
First Name _____ Surname _____
Middle Name _____ Sex M F
Place of birth - Country _____ Town _____
Date of birth _____ Citizenship _____
Telephone no. - Home _____ Office _____ Mobile _____
Email¹ _____
Passport no. _____ Valid until _____

conscious of the penal sanctions for falsification of documents and false statements as per art. 76 DPR 445/2000,

DECLARE UNDER MY SOLE RESPONSIBILITY

(Please '✓' one of the following options)

- That I am not self-employed by profession and I do not have a V.A.T. number
- That I am self-employed but, for the professional services I provide here, I do not use the relevant technical-legal knowledge required to perform my self-employment activity

A) For individuals that DO NOT WISH TO APPLY for income tax relief under the double taxation convention between Italy and their country of residence

<p>Section 1</p> <p>I DECLARE UNDER MY SOLE RESPONSIBILITY</p> <p>Employed by/profession _____</p> <p>Residency (for tax purposes) Address _____</p> <p>Town _____ ZIP/Post Code _____</p> <p>Country _____</p> <p>Foreign taxpayer reference/identification number _____</p> <p>Italian taxpayer identification no.- Codice Fiscale (If you have one) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>

¹ This e-mail address will be used to send you Certificazione Unica – annual certificate of tax withheld by Università degli Studi di Padova.
Please provide a valid e-mail address

Section 2

I ALSO DECLARE THAT

To today's date the amount of income from occasional or sporadic employment to individuals/organizations other than Università degli Studi di Padova, subject to Gestione Separata INPS contribution is:

1. below € 5.000 and equal to € _____;
2. above € 5.000 and, therefore, I have opened an account with Gestione Separata INPS (We remind you that you do not need to open a new account if you have one already open).

In both cases (please '✓' one of the following options):

- (only for individuals resident in an EU Member State) In my country of residence I am liable to pay contribution to a pension scheme or I am a pensioner and therefore in Italy I can apply to pay Gestione Separata INPS at reduced rate
- In my country I am not liable to pay contribution to a pension scheme and I am not a pensioner and therefore I am liable to pay Gestione Separata INPS at ordinary rate

INPS contribution threshold (please '✓' one of the following options):

- total income in Italy is below yearly INPS contribution threshold
- total income in Italy is above yearly INPS contribution threshold and therefore no Gestione Separata INPS contribution is due.

(In the calculation of the total income, please consider only income subject to Gestione Separata INPS)

B) For individuals that DO WISH TO APPLY for income tax relief under the double taxation convention between Italy and their country of residence

I submit **FORM D – OTHER INCOME** and the **COVER PAGE** (issued by Agenzia delle Entrate - Provvedimento Prot. N. 2013/84404 - and available for downloading on www.agenziaentrate.gov.it)

For this purpose, I enclose:

- a) any other possible supporting document required by the convention;
- b) copy of the relevant passport pages (on which are shown: personal details, photograph, country of issue, passport issue and expiry dates and passport number).

C) For all individuals

Payment details

Bank: _____
Account no. (with myself as beneficiary) _____
IBAN _____
Routing _____
Bic/Swift _____

We remind you that this declaration/request must be in line with any declaration/request already submitted in the current year to the Università degli Studi di Padova (Department, Centre, Office, etc..).

Declaration

The information I have given in this form is correct and complete to the best of my knowledge and belief. I must inform Università degli Studi di Padova immediately of any changes to the information that I provided.

Date: _____

Signature: _____

Privacy and Data Protection

I consent to the use of the above information in accordance to D.Lgs. 30 June 2003 no. 196 as modified by D.Lgs. 101/18 for the purpose of fulfilling the obligations arising from the contract between myself and Università degli Studi di Padova.

Date: _____

Signature: _____

Attention: Please enclose a copy of a valid document of identification.