



SCUOLA INTERNAZIONALE SUPERIORE DI STUDI AVANZATI
Via Bonomea n. 265, 34136 Trieste (Italy) tel.: 04037871 - telefax: 0403787249
Codice fiscale: 80035060328

Ver. 2

Dichiarazione sostitutiva di certificazione a norma del D.P.R. 445/2000

Personal Data Form

For administrative purposes the undersigned declares his/her personal data to be as follows: (PLEASE WRITE CLEARLY IN BLOCK CAPITAL LETTERS)

Name _____ Family Name _____ Sex M F

Date of Birth (dd/mm/yyyy) __ / __ / ____

Place of Birth _____ Region/State _____ Country _____

Citizenship _____

Italian Tax Code No. _____

Tax Code No./Social Security No. _____

Type of Health Insurance coverage in Italy _____

Health insurance coverage in Italy NO YES

Permit of Stay NO YES __ / __ / ____

Marital Status Single Married Divorced Separated Widowed

Permanent home address (residence for tax purposes)

Street _____ No. _____

Town _____ Region/State _____

Country _____ Postal Code _____

Temporary Address (if different from above)

Street _____ No. _____

Town _____ Region/State _____

Country _____ Postal Code _____

Address for receiving tax declarations

Permanent home address

Other _____

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Contacts

Home Phone _____ Mobile Phone _____

Office Phone _____ SISSA Phone _____

Fax _____

e-mail _____

SISSA e-mail _____

The undersigned declares that the activity carried out at SISSA is:

A) work assimilated to earnings derived from an employee status:

1) a coordinated and continuous collaboration (e.g. Research contract)

2) a temporary visitor - employee of another Italian organization

3) external examiner

4) substitute professor

B) self-employed work carried out with 'partita I.V.A.'

C) occasional work (art.81, para. 1, letter I) of D.P.R. 917/86) (e.g. temporary visitor - not an employee of another Italian organization)

D) collaboration with reimbursement of documented expenses only (hotel and/or travel and/or meals)

The undersigned declares that his/her presence in Italy for professional (work) reasons during the current year is:

less than 183 days

equal to or over 183 days

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Kind of work outside of SISSA

Holder of Partita IVA

Partita IVA _____

Activity carried out in connection with Profession YES NO

Enrolment in Pension Fund YES NO

Registered ("Albo") or Listed ("Elenco") _____

Pensioner

Employee of a private company

Position _____

Name of the Company _____

Street _____ No. _____

Town _____ Region/State _____

Country _____ Postal Code _____

University /Organization

Position _____

University /Organization _____

- Main Address University/State Organization:

Street _____ No. _____

Town _____ Region/State _____

Country _____ Postal Code _____

- Address of work place:

Faculty/Department /Office _____

Street _____ No. _____

Town _____ Region/State _____

Country _____ Postal Code _____

Company Partner

Enrolment in Pension Fund YES NO

Other _____

Means of payment

Cash (only possible for long-term stay at SISSA)

Transfer to Italian Bank Account

IBAN _____

Name of Bank _____

Branch No. _____

Street _____ No. _____

Town _____ Region/State _____

Postal Code _____

CIN ___ ABI ___ CAB _____

Bank account no. _____

Transfer to foreign bank

IBAN _____

Name of Bank _____

Branch No. _____

Street _____ No. _____

Town _____ Region/State _____

Country _____ Postal Code _____

Swift Routing ABA BBZ BIC SWIFT-BIC _____

Code _____

Cheque to be sent to

Permanent home address

Temporary Address

Other (specify): _____

Street _____ No. _____

Town _____ Region/State _____

Country _____ Postal Code _____

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Taxation and Pension Status Questionnaire

Furthermore the undersigned declares

1) If belonging to categories A1), A3 (if remunerated), A4) or C (if earnings are over Euro 5.000,00) above

declares:

- I) not to be registered under "gestione separata INPS"
- II) to be registered under "gestione separata INPS" as:
 - II.a) an irregular, autonomous/independent worker
 - II.b) a possessor of an ongoing, coordinated collaboration

2) If belonging to categories A1), A3 (if remunerated) or A4)

that

- he/she is over 65 years of age and that before 29.06.2001:
 - has not registered in the "gestione separata INPS"
 - has been cancelled from the "gestione separata INPS"

3) If belonging to categories A1), A2), A3) (if remunerated) or A4) above

3a) does not request requests

as from _____ the application of family allowance for the following dependent family members, in accordance with art. 12 of DPR 917/86:

- dependent spouse not legally and effectively separated (Fiscal code _____)
- No. ___ children who are less than 3 years of age
(dates of birth: _____ Fiscal Code _____)
- Percent 50% by law 100% _____%

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No. ___ children who are 3 years of age or over
(dates of birth: _____ Fiscal Code _____)

Percent 50% by law 100% ____%

No. ___ handicapped children who are less than 3 years of age
(dates of birth: _____ Fiscal Code _____)

Percent 50% by law 100% ____%

No. ___ handicapped children who are 3 years of age or over
(dates of birth: _____ Fiscal Code _____)

Percent 50% by law 100% ____%

No. ___ other dependents (art. 433,c.c.) (Fiscal code _____)

Percent 50% 100% ____%

() The declarant is eligible to receive 100% of the children's allowance when he/she earns more than the non-dependent spouse, in agreement with the latter. In this case please ask the non-dependent spouse to sign the following declaration:*

Declaration of the spouse

I, the undersigned _____, spouse of the declarant, confirm that I am in agreement that the children's allowance should be given to my spouse for the children who are 100% dependent as he/she earns a higher salary (art. 12, comma 1, del DPR 917/1986 and subsequent modifications)

In faith _____

*(**) In the case of legal and effective separation, annulment, dissolution or cessation of the civil effects of marriage, and in the absence of a specific agreement, the custodian is entitled to the children's allowance. In the case of joint or shared custody, and in the absence of a specific agreement, the allowance is divided equally, between the two parents. When the parent custodian, or in the case of joint custody, one of the parents cannot benefit from all or part of the allowance, due to a salary limitation, the allowance is given in its entirety to the other parent.*

3b) does not request requests

**as from _____ the application of deductions for employee-status or equivalent,
as provided for in art. 13 of DPR 917/86 (other deductions)**

3c) The undersigned also declares, regarding the application of the allowances (for dependent family members and other allowances):

- that his/her total salary for the year _____ will presumably be: Euro _____
to be added to the earnings received as an employee or equivalent
- to consider the salary as an employee or equivalent **received from SISSA**

3d) does not request requests

the application of the maximum IRPEF rate of

- 23 % (for incomes up to 15,000 Euro)
- 27 % (for incomes from 15,001 to 28,000 Euro)
- 38% (for incomes from 28,001 to 55,000 Euro)
- 41% (for incomes from 55,001 to 75,000 Euro)
- 43% (for incomes over 75,001 Euro)

4) The undersigned requests the application of the Bilateral Agreement to avoid double taxation YES NO

Date of arrival in Italy (dd/mm/yyyy): __ / __ / ____

Tax Office

Name of tax office: _____
Street _____ No. _____
Town _____ Region/State _____
Postal Code _____
Country _____

The undersigned promises to inform the Administration as soon as possible in writing of any changes to the above information.

In accordance with Italian Law 196/03, he/she hereby gives permission to use his/her personal data for all matters connected to the contract as well as for statistical purposes.

Date , _____ Signature _____

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