

Annex B occasional selfemployment income YEAR 2025

TAX AND SOCIAL SECURIDATA COLLECTION FOR OCCASIONAL SELFEMPLOMENT INCOME

Art. 67, par. 1, letter l) TUIR

<u>Section I - General Part</u>. Personal data and option for the application of the convention against double taxation for non-residents

i. DIRECTORATE/DEPARTMENT/CENTRE/SYSTEM_____

I, the undersigned _____ Ph. _____

ATTENTION: <u>an E-MAIL ADDRESS WITHOUT UNIPI EXTENSION must be given</u> in order to receive the web pay slip and the C.U. (the Italian annual declaration of taxes withheld by the employer)

talian tax code/ 'Codice Fiscale':		
ATTENTION: an It	alian tax code is required also for payı	ment of foreign
	individuals	
CITIZENSHIP		
nd (<i>if resident abroad</i>) foreign iden	tification code:	
(),,,		
	l declare	
nder my own responsibility:		
• that I was born on	city	prov.
Country:		
• that, as at 01.01.2025, my fis	scal domicile is in	
 via/piazza 		nr
C.A.P.	cityp	rov
• To have tax residence in		
• To have tax residence in		



•	that I am the holder of the following IVA/VAT number									
•	that I am enrolled in the professional register or list									
•	that I am registered with the social security fund or institut	i <u>on</u>								
•	that I am currently in the following profession									
•	that I carry out the assignment in the following c <mark>o</mark> untry <mark>l</mark>					 			 	
-	that I am a permanent employee at									
	Fill in the following data even if the employing institution/con	ipan	y is	abro	ad:					
Via	C.A.P. City				_		Ρ	rov.	 	
Tel <u>.</u>	email/PEC									
C.F./P.I	IVA/VAT									
-	that I have a fixed-term employment relationship at									
indicat	e the period (DD/MM/YY):									
	from	_to _								
	Fill in the following data even if the employing institution/con	ipan	y is	abro	ad:					
Vi <u>a</u>	C.A.P City				_		Р	rov.	 	
Tel <u>.</u>	email/PEC					_				
C.F./P.I	IVA/VAT									

¹ This information is important especially if the service is performed remotely and does not include a stay in Italy.



• I declare that I choose the following method of payment for said assignment:

With receipt of the same Credited to bank/post office c/a IBAN COORDINATES in the name or co-owned by the collaborator						
NAZ ID CIN E CIN AB	I CAB	ACCOUNT NUMBER				
bank Agency No address BIC/SWIFT (Foreign			Postal code	city		
Banking Institutions)						

Note: IBAN is mandatory.

FOR FISCAL RESIDENTS ABROAD operating in presence

> (if resident abroad and the service is performed in Italy) I request

□ to avail myself

<u>□ not to avail myself</u>

of the Convention for the avoidance of double taxation between Italy and (foreign country of residence) upon presentation of the prescribed documentation provided by the foreign tax authority

> In particular, I request the application of Article ... of the current Italy/..... Convention.



SECTION II – OCCASIONAL SELF-EMPLOYMENT –

<u>Declarations for Social Security purposes – to be completed by</u> <u>occasional self-employed persons whose income exceeds EUR 5,000.00</u> <u>in the reference year</u>

In connection with the assignment given to me on	
with effect from	to
and consisting of the following	

I declare

under my own responsibility:

1. that I am subject to the INPS contributory regime (for the year **2025)** as per Article 2 paragraph 26 et seq. of Law 335/95 - INPS (the Italian National Social Security Institute) Separate Social Security Regime (Gestione Separata - INPS Circular 27/2025):

INPS contribution of **33.72%** as I am an **occasionally self-employed worker**, my income (from occasional work) exceeded EUR 5,000.00 at the time of payment, and I do not have any other social security coverage.

INPS contribution of **24%** as I am already enrolled in another social security fund or already a pensioner (coordinated and continuous collaborator (co.co.co.) or occasional self-employed worker with an income exceeding EUR 5,000.00)

I declare that I have activated my contribution position at INPS following the separate social security regime.

2. For non-residents:

I declare that I have and enclose herewith the A1 document on applicable social security legislation

Declaration for contribution ceiling purposes

□ For the year 2025, I declare that I will not exceed the contribution ceiling corresponding to a co.co.co. income of EUR 120,607.00.



The occasional self-employed worker whose income, net of expenses, exceeds EUR 5,000.00 (solely from occasional work) or eventually does so, shall also declare the following in table form when the threshold is exceeded:

Date of payment of the compensation by Unipi (or instalments thereof)	Sum paid by Unipi (net of expense reimbursements)	Sums paid by other principals as of the date of payment by Unipi ¹	Total income (net of expense reimbursements) including payments from other principals as of the date of payment by Unipi

Date_____

The Occasional self-employed worker_____

¹ In the case of simultaneous payments from several principals, please indicate them individually, using simple abbreviation for privacy, by adapting this column.