



Declaration of income for Italian pensioners residing abroad

This form must be filled **in thoroughly** in order for INPS to continue paying means-tested benefits received by the beneficiary, by the **spouse** or, in the case of family allowances, by the dependant family members in the year the declaration refers to.

You are required to send us your declaration even if you do not receive any income other than the Italian pensions. The form can be completed and returned along with the required documentation to the INPS office that manages the pension or to be submitted to INPS by free assistance of a Patronato recognized by the law.

In order to prevent such payments to be suspended, we remind you that the above forms need to be completed and returned to INPS.

HOW TO FILL IN THE FORM

- 1** The personal data section is already filled out by INPS. Please add any missing information and update existing information if necessary.
- 2** If the first box is checked, income-related benefits will be suspended. If the second box is checked, every section of the form must be filled out in full.
- 3** If you receive any other retirement pension from foreign social security agencies, you must indicate the country and the paying agency or institution, the identification number (number **1** refers to direct pensions, number **2** to survivor's pensions, number **3** to pensions for industrial accident) and the amount requested in the year the declaration refers to, reported in the currency of the paying country and the number of the months covered by. You have not to fill in this section if you do not receive any pensions from foreign governments.
- 4** If you receive any income other than the pension itself, alongside the income type you must indicate both the income earned abroad (in the currency of the country of residence) and the income earned in Italy. Compilation of this section is unnecessary if you have no other income.
- 5** Some pensions and benefits require the submission of personal data concerning your spouse as well. Please add any missing information and update existing information if necessary. Compilation of this section is unnecessary if you are not married. If your spouse is deceased, indicate the date of death and any income he/she was receiving.
- 6** If your spouse receives any other pensions from foreign social security systems, you must indicate the country and the paying agency or institution, the identification number (number **1** refers to direct pensions, number **2** to survivor's pensions, number **3** to pensions for industrial accident), the registration number and the amount received each year, reported in the currency of the paying country. Compilation of this section is unnecessary if you do not receive any pensions from foreign governments.
- 7** If your spouse has had any other income, alongside the kind of income you must indicate both the income earned abroad (in the currency of the country of residence) and the income received in Italy. Compilation of this section is unnecessary if your spouse had no other income.
- 8** Complete this section only if a family member of yours receives other pensions from Italian social security agencies. If this is the case, you must report the paying Agency, the responsible office and the pension number and type (this information can be found on the pension certificate and in all communications from INPS). Compilation of this section is unnecessary if no pensions are received from Italian social security agen-



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- 9** Complete this section only if a family member of yours receives other pensions from foreign social security agencies. If this is the case, you must indicate the country and the paying agency or institution, the identification number (number **1** refers to direct pensions, number **2** to survivor's pensions, number **3** to pensions for industrial accident), the registration number and the amount received in the year the declaration refers to, reported in the currency of the paying country. Compilation of this section is unnecessary if you do not receive any pensions from foreign governments.
- 10** If a family member has had any other income, alongside the kind of income, you must indicate both the income earned abroad (in the currency of the country of residence) and the income received in Italy. Compilation of this section is unnecessary if your spouse had no other income.
- 11** This section is always to be filled in if you worked in self-employment, either professional or business activity. If this is the case, please indicate your earned income for the year the year the declaration refers to; if you are still in the same gainful activity or intend to do so in the current year, please indicate your expected income. In case of uninterrupted self-employment, you are requested to indicate the whole year (from January to December); should your gainful activity be occasional or discontinuous, please indicate the time interval/s you worked or expect to be working.

Documents to be attached:

- Copy of an identity card.
- Copy of a document demonstrating the country of citizenship.
- Certification of the foreign social security or welfare agency that provides the benefits.

Documents to be attached for other income from foreign pensions.

a) pensioners residing in Australia, Austria, Belgium, Canada, Corea, Cyprus, Czech Republic Slovakia, Denmark, Esthonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, New Zealand , Norway, Poland, Portugal, Republic of San Marino, Slovenia, Spain, Sweden, Turkey, United Kingdom, United States, Vatican City, **for social security and welfare income, a certification needs to be issued by the organizations that in each of the above countries are responsible for the relevant payments. For other income, a copy of the tax returns lodged with the Taxation Authorities in the country of residence is to be provided.** Where the taxation laws of the country of residence do not require the lodgement of a tax return, a self-assessment of the income earned shall suffice.

b) pensioners residing in other countries, a self-assessment of the income earned shall suffice.



Income data for pensioners residing abroad - 1/7

For payments of income-related benefits in the year 20 __

INPS OFFICE

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NAME MAIDEN NAME

MARRIED NAME CIVIL STATUS

NEW CIVIL STATUS *(If different)* SINCE

TAX REGISTRATION CODE BIRTH DATE DD/MM/YYYY

BIRTH PLACE PROV. STATE

CITIZENSHIP

RESIDING AT PROV. STATE

ADDRESS ZIP CODE

DATE OF RETURN TO ITALY *(for Italian residents)*

PHONE* MOBILE PHONE*

E-MAIL ADDRESS*

2

- ☐ I waive my right to declare income for the year 20 __ knowing that this will bring about termination of payments relating to such income
- ☐ I declare I am in receipt of the following Italian pensions

Institution	Branch Office	Category	Pension number

* Optional data



Income data for pensioners residing abroad - 2/7

I declare, for the purpose of payment of amounts relating to income:

- ☐ not to be in receipt of any benefits paid by other Institutions (*other than Italian*)
☐ to be in receipt of the following benefits paid by other Institutions (*other than Italian*)

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Country	Institution	Pension type *	Pension number	ANNUAL AMOUNT (currency of paying country)	
				YEAR 20 __	Number of Months

* Indicate: **1** for direct pensions; **2** for survivor's pensions; **3** for industrial accident pensions

- ☐ not to have earned any other income
☐ to have earned the following other income

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Income categories	INCOMES RECEIVED IN COUNTRIES OTHER THAN ITALY (currency of country of residence)	INCOME RECEIVED IN ITALY (in Euros)
	Year 20 __	Year 20 __
Income derived from employment		
Income derived from employment as contractor, professional and jobsharer		
Income from Real estate (<i>not including place of residence</i>)		
Income from investments		
Income from arrears pertaining to previous years		
Lifetime annuities or allowances for specified period		
Welfare income		



Income data for pensioners residing abroad - 3/7

Personal Information for your spouse

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NAME MAIDEN NAME

MARRIED NAME BIRTH DATE DD/MM/YYYY

BIRTH PLACE PROV. STATE

DATE OF DEATH, IF APPLICABLE FISCAL CODE

- ☐ I waive to report my spouse's income tax-return for the year 20 __ __
- ☐ My spouse is in receipt of the following Italian pensions

Institution	Branch	Category	Number

- ☐ my spouse is not in receipt of any benefits paid by other Institutions (*other than Italian*)
- ☐ my spouse is in receipt of the following benefits paid by other Institutions (*other than Italian*)

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Country	Institution	Type of pension *	Number	ANNUAL AMOUNT (<i>currency of the paying country</i>) YEAR 20 __ __

* Indicate: **1** for direct pensions; **2** for survivor's pensions; **3** for industrial accident pensions

- ☐ my spouse has not earned any other income
- ☐ my spouse has earned the following other income

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Income categories	INCOMES RECEIVED IN COUNTRIES OTHER THAN ITALY (currency of country of residence) Year 20 __ __	INCOME RECEIVED IN ITALY (in Euros) Year 20 __ __
Income derived from employment		
Income derived from employment as contractor, professional and jobsharer		
Income from Real estate (<i>not including place of residence</i>)		
Income from investments		
Income from arrears pertaining to previous years		
Lifetime annuities or allowances for specified period		
Welfare income		



Income data for pensioners residing abroad - 4/7

Information for family members

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NAME		MAIDEN NAME	
MARRIED NAME		BIRTH DATE DD/MM/YYYY	
BIRTH PLACE		PROV.	STATE
FISCAL CODE			

☐ My family member is in receipt of the following Italian pensions

Institution	Branch	Category	Number

☐ My family member is not in receipt of any benefits paid by other Institutions (*other than Italian*)

☐ My family member is in receipt of the following benefits paid by other Institutions (*other than Italian*)

9

Country	Institution	Type of pension *	Number	ANNUAL AMOUNT (currency of the paying country) YEAR 20__

* Indicate: 1 for direct pensions; 2 for survivor's pensions; 3 for industrial accident pensions

☐ My family member has not earned any other income

☐ My family member has earned the following other income

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Income categories	INCOMES RECEIVED IN COUNTRIES OTHER THAN ITALY (currency of country of residence) Year 20__	INCOME RECEIVED IN ITALY (in Euros) Year 20__
Income derived from employment		
Income derived from employment as contractor, professional and jobsharer		
Income from Real estate (<i>not including place of residence</i>)		
Income from investments		
Income from arrears pertaining to previous years		
Lifetime annuities or allowances for specified period		
Welfare income		



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Income data for pensioners residing abroad - 5/7

● Income statement in view of avoiding overlapping with income derived from self-employment – 503/AUT

I, the undersigned, declare that

during the year 20__ (please, indicate, if not already stated, the previous year)

- ☐ I did not work in self-employment, neither professional nor business activity in Italy / Countries other than Italy*;
- ☐ I worked in self-employment, either professional or business activity in
 - ☐ Italy
 - ☐ Countries other than Italy

and I earned the following income from self-employment, professional, para-subordinate work and business activity (income must be reported after deduction of social security contributions and before taxation. Business income must be reported after any possible deductible losses relating to the year the relevant income was earned)

From the month of _____ to the month of _____ amount in euro / local currency _____

From the month of _____ to the month of _____ amount in euro / local currency _____

From the month of _____ to the month of _____ amount in euro / local currency _____

From the month of _____ to the month of _____ amount in euro / local currency _____

so far, in the year 20__ (please, indicate, if not already stated, the current year)

- ☐ I have not worked in self-employment, neither professional nor business activity in Italy/Countries other than Italy*;
- ☐ am working / going to work in self-employment, professional or business activity in
 - ☐ Italy
 - ☐ Countries other than Italy

and I am earning/going to earn the following income from self-employment, professional, para-subordinate work and business activity (income must be reported after deduction of social security contributions and before taxation. Business income must be reported after any possible deductible losses relating to the year the relevant income was earned):

From the month of _____ to the month of _____ amount in euro / local currency _____

From the month of _____ to the month of _____ amount in euro / local currency _____

From the month of _____ to the month of _____ amount in euro / local currency _____

From the month of _____ to the month of _____ amount in euro / local currency _____

* If you worked in Countries other than Italy, income must be reported in the currency of your Country of residence.



Income data for pensioners residing abroad - 6/7

Declaration of liability

I, the undersigned, undertake to promptly give notice to the INPS of any change that might occur, affecting previously certified facts, within 30 days of its occurrence.

I am also aware that the competent Institutions take the responsibility to check the truthfulness of the self-declarations attached to my claim and understand that I can be prosecuted by law and deprived of the benefits I was in receipt of, for deliberately providing false declarations.

Date _____

Signature _____

Details of document used to identify the pensioner _____

DATA COMPLY WITH THE CERTIFICATIONS PROVIDED BY LAW

CONSULATE OF _____

PATRONATO OF _____

SIGNATURE OF CONSULATE OFFICER
OR PATRONATO

CONSULATE STAMP
OR PATRONATO

Notice on the treatment of personal data

(Article 13 of legislative decree 30 June 2003, no. 196, on "Code regarding the protection of personal data")

INPS, with legal seat in Rome, Via Ciro il Grande, 21, in its capacity as Institution responsible for the treatment of personal information, advises you that all personal information, including sensitive and legal information, that is being gathered through this form will be treated in full observance of the assumptions and limitations established by the Code, as well as by all related laws and regulations, while carrying out its institutional services in matters of social security, taxation, insurance, welfare and healthcare administration.

Personal information may be processed with the use of electronic equipment and will be carried out by appropriately trained and assigned employees of the Institution using programs dedicated exclusively to the purposes for which the data were gathered; in exceptional cases, other entities may be furnished with your information while providing services or carrying out activities on behalf of INPS, and will operate in the capacity of Directors designated by the Institution.

Personal information may be communicated to other public or private entities when strictly required for the purposes of this service, including Credit Institutions, Post Offices, and other Authorities, Entities and obligatory social security banking institutions.

The provision of personal information is obligatory, and the failure to supply all requested information may delay or render it impossible to complete the processing related to your declaration.

Lastly, INPS informs you that it has the authority to exercise the access rights described in article 7 of the code by approaching the director of the competent local authority directly in order to examine the present application; if this authority is an agency, the application must be submitted to the provincial director, and this may be done through the agency's own intermediary.



Income data for pensioners residing abroad - 7/7

Proxy to patronato for pensioners residing abroad

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PROXY

The undersigned authorizes the _____ Patronato which he/she appoints as domicile as per article 47 of the Civil Law to represent him and assist him free of charge, in relation to INPS, for forwarding the present application relating my personal data for the years referring to the letter for pensioners residing abroad.

Date _____

Signature _____