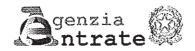


(optional)

## **COVER PAGE**

## Claim for the refund, exemption or application of the reduced tax rate on income paid to non-residents

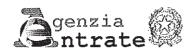
| Conventions for<br>the avoidance of<br>double taxation | ☐ dividends<br>(FORM A) | □ interest (FORM B)  | □ royalties<br>(FORM C)   | other income (FORM D)                                      |  |  |
|--|-------------------------|--|---------------------------|--|--|--|
| EU<br>Directives                                       |                         | □ parent- subsidiary tax regime<br>dir. 90/435/EEC<br>(FORM E) |                           | ☐ interest and royalty tax regime dir. 2003/49/EC (FORM F) |  |  |
| □ DETAILS OF T   | THE BENEFICIA           | L OWNER  | •                         |  |  |  |
| Natural person   | Surname                 | Name   | Place of Birth            | Date of Birth  |  |  |
|  |                         |  |                           |  |  |  |
| Legal person   | Business Nam            | e  |                           |  |  |  |
| cross in the case of permanent establishment           |                         |  |                           |  |  |  |
| Foreign TIN  | No.                     |  |                           |  |  |  |
|  |                         | ntry of residence does no                                      | ot issue a TIN for reside | nts or I cannot obtain a TIN from                          |  |  |
| Italian TIN (if issued)                                |                         |  |                           |  |  |  |
| Residence  | State                   | Full address   |                           |  |  |  |
| Domicile<br>(if different from<br>residence)           | State                   | Full address   |                           |  |  |  |
| P.O. Box<br>(optional)                                 |                         |  |                           |  |  |  |
| E-MAIL   |                         |  |                           |  |  |  |



E-MAIL (optional)

## **COVER PAGE**

□ DETAILS OF THE LEGAL REPRESENTATIVE Place of Birth Date of Birth Natural person Name Surname Legal person **Business Name** TIN No. ☐ My country of residence does not issue a TIN for residents or I cannot obtain a TIN from my country of residence. Italian TIN (if issued) Residence State Full address Full address Domicile State (if different from residence) P.O. Box (optional) E-MAIL (optional) □ OTHER CO-BENEFICIARIES OF THE INCOME FOR WHICH REFUND IS BEING REQUESTED Place of Birth Date of Birth Natural person Surname Name **Business Name** Legal person TIN No. ☐ My country of residence does not issue a TIN for residents or I cannot obtain a TIN from my country of residence. Italian TIN (if issued) Residence State Full address Domicile Full address State (if different from residence) P.O. Box (optional)



## FORM D – OTHER INCOME

(this form must be used for the categories of income for which there is no specific form like employee income, self-employed income, capital gains, director's fees, etc.)

| □ EXEMI                                 |           | APPLICA           | TION OF TAX                            | RATE PROVII     | DED BY THE C     | ONVENTION |
|---|-----------|-------------------|--|-----------------|------------------|-----------|
| Article                                 | of the Co | onvention fo      | or the avoidance                       | of double taxat | ion between Ital | y and     |
| ITALIAN P                               | AYER C    | F THE INC         | OME                                    |                 |                  |           |
| Person Surname Name / Company Name      |           |                   |  |                 |                  |           |
| Italian TIN                             |           |                   |  |                 |                  |           |
|   |           |                   |  |                 |                  |           |
| Residence Full address                  |           |                   |  |                 |                  |           |
| DESCRIPTI  Payment                      |           | THE INCOM         | AE RECEIVED1:                          | Applicable tax  | Amount of the    | Requested |
| date gross of the Italian tax           |           | tax paid in Italy | rate according<br>to the<br>Convention | tax due         | refund           |           |
|   |           |                   |  |                 |                  |           |
|   |           |                   |  |                 |                  |           |
|   |           |                   |  |                 |                  |           |
| *************************************** |           |                   |  | 1               | TOTAL            |           |

<sup>&</sup>lt;sup>1</sup> Please specify the category of income.