Agenzia Entrate — Revenue Agency

AA4/8

APPLICATION FOR A TAX CODE, NOTIFICATION OF CHANGE OF DETAILS AND REQUEST FOR TAX CODE CARD/DUPLICATE OF NATIONAL HEALTH SYSTEM CARD

(NATURAL PERSONS)

PART A

Section I Applicant type

D DIRECT APPLICATION FOR YOURSELF

T APPLICATION FOR A THIRD PARTY

APPLICANT TYPE CODE (only for the allocation of a tax code)

Section II Application type

1 ALLOCATION OF A TAX CODE — REQUEST FOR A TAX CODE CARD

2 CHANGE OF DETAILS — TAX CODE

3 NOTIFICATION OF DEATH — TAX CODE — DATE OF DEATH

4 REQUEST FOR TAX CODE CERTIFICATE — TAX CODE

5 REQUEST FOR DUPLICATE OF TAX CODE CARD/NATIONAL HEALTH SYSTEM CARD — TAX CODE — REASON

PART B

Personal details

SURNAME — NAME — SEX

MUNICIPALITY OF BIRTH (or Foreign State) — PROVINCE — DATE OF BIRTH

PART C

Registered residence/ Tax domicile

ADDRESS IN ITALY

MUNICIPALITY — PROVINCE — POSTCODE

TYPE (street, square, etc.) — ADDRESS

HOUSE NUMBER — AREA/OTHER

PART D

Residence overseas

FOREIGN STATE — FEDERAL STATE, PROVINCE, COUNTY

TOWN OF RESIDENCE — POSTCODE

ADDRESS

PART E

Other possible tax codes allocated

TAX CODE

TAX CODE

DOCUMENTS ENCLOSED

SIGNATURES

APPLICANT TAX CODE FOR NON-NATURAL PERSONS — TAX CODE OF SIGNEE

DATE — SIGNATURE

DELEGATE

Signee _____ delegate _____

born in _____ on _____ TAX CODE

I am submitting the form on this person's behalf and shall collect any possible certification issued by the office

DATE — SIGNATURE