



Ministero dell' Istruzione, dell' Università e della Ricerca

Dichiarazione relativa alle detrazioni spettanti anno _____

Al _____

Il/La sottoscritto/a _____
nato/a a _____ il ____ / ____ / _____
residente in _____
via _____ n° _____
stato civile _____ codice fiscale _____
in servizio presso l'ufficio _____
con iscrizione n° _____ ai fini di quanto previsto dagli articoli 23 del D.P.R. n. 600/73, e
12 e 13 del D.P.R. 917/86, e successive modificazioni e integrazioni **DICHIARA** di aver diritto alle
seguenti detrazioni d'imposta annue a decorrere dal mese di _____ .

Quadro A	Reddito complessivo sul quale saranno commisurate le detrazioni	
<input type="checkbox"/>	Segnalazione del reddito complessivo che si prevede di percepire nell'anno in corso, escluso il reddito dell'abitazione principale.	<input type="text"/>
In assenza di un reddito complessivo dichiarato sarà presa in considerazione, in via presuntiva, il reddito di lavoro dipendente corrisposto dagli Uffici Responsabili del Trattamento Economico		

Quadro B	Diritto detrazione per lavoro dipendente e assimilato
<input type="checkbox"/>	Detrazione per lavoro dipendente e assimilato ¹ (altre detrazioni art. 13 TUIR)

Quadro C		Familiari a carico	
		Cognome e Nome	Codice Fiscale - Data di nascita
<input type="checkbox"/>	Coniuge	_____	_____ ____ / ____ / _____

¹ La casella va sempre barrata perché si tratta delle detrazioni spettanti al lavoratore in funzione del rapporto in corso. Se il lavoratore contemporaneamente ha due rapporti di lavoro è opportuno richiedere la detrazione solo a uno dei due datori di lavoro



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N° Figli	Cognome e Nome	Codice Fiscale - Data di nascita	I° figlio in assenza del coniuge ²	Indicare la % a carico		Indicare se disabile ³																																										
				50	100																																											
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Familiari indicati nell'art. 433 C.C.		Codice Fiscale- Data di nascita	Indicare la % a carico																																												
N° Familiari	Cognome e Nome		50	100	altra																																										
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Il/la sottoscritto/a dichiara che il reddito percepito da ciascuno dei familiari a carico non è superiore a euro 2.840,51 al lordo degli oneri deducibili.

Il/la sottoscritto/a dichiara di essere a conoscenza delle sanzioni previste dall'art.1, comma 2 del Dlgs. N. 471/97 e successive integrazioni e modificazioni, in caso di dichiarazioni non veritiere, e **si impegna a comunicare tempestivamente con specifica dichiarazione personale al competente Ufficio responsabile del**

² Barrare la casella in caso di nucleo familiare composto da un solo genitore (si tratta dei casi di morte o mancato riconoscimento del figlio da parte dell'altro coniuge) affinché si rionosca al primo figlio una detrazione maggiore.

³ Figli portatori di handicap ai sensi dell'art. 3 della legge 5 febbraio 1992, n°104.



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trattamento economico il verificarsi di condizioni che comportino variazione alla detrazione d'imposta in godimento.

Il/la sottoscritto/a prende atto, ai sensi dell'art. 10 della Legge 675/96 sul trattamento dei dati personali, che i dati contenuti nella presente autocertificazione verranno trattati prevalentemente con procedure informatizzate e potranno essere forniti ad altri organismi pubblici (ad esempio Comuni, INPS) per il raggiungimento delle rispettive finalità istituzionali.

Data / /

Firma per esteso