Mod. 730 (Redditi 2017)
Mod. 730-1 (Redditi 2017)
Mod. 730-2 (Redditi 2017)

DICHIARAZIONE DEI REDDITI
CON CALCOLO A FAVORE

Codice fiscale	Cognome	Nome

Data di nascita	Sesso (M o F)	Comune (o Stato estero) di nascita	Prov. (sigla)

Comune (o Stato estero) di residenza	Prov. (sigla)	Frazione o località	Via, piazza, ecc.	N. civico	Scala	Piano	Interno

Telefono fisso / Mobile	Indirizzo di posta elettronica

Casi particolari	Firma del dichiarante

DOMICILIO FISCALE (da compilare se il domicilio è diverso da quello indicato in alto)
Comune (o Stato estero) | Prov. (sigla) | Frazione o località | Via, piazza, ecc. | N. civico | Scala | Piano | Interno

I. FAMIGLIA. *Barrare la casella se si è in più di dieci persone.*

☐ NUMERO PROGRESSIVO

	PERSONE	VINCOLO DI PARENTELA CON IL DICHIARANTE
1	DICHIARANTE	
2	CONIUGE (anche se legalmente separato)	CONIUGE (anche se legalmente separato)
3		
4		
5		

II. ALIMENTI PERCEPITI. *Barrare la casella se si è in più di dieci persone.*

☐ NUMERO PROGRESSIVO

	DATI	DATI DA INDICARE
1		
2		
3		
4		
5		

Social Security Number	Name of Individual:

III. NON-INVESTMENT INCOME. *Barrare la casella se si è in più di dieci persone.*

A. Dati e Trattamento fiscale

☐ NUMERO PROGRESSIVO

	DATI	DATI E ANNOTAZIONI	IMPORTO (senza centesimi)
1			
2			
3			
4			

B. Incarichi e Non Investment Income *Non è necessario dettagliare gli stipendi dei membri della famiglia.*

☐ NUMERO PROGRESSIVO

	DATI	DATI E ANNOTAZIONI
1		CONTRIBUTO PUBBLICO - ATTIVITÀ DI PUBBLICAZIONE per Part 3(d)
2		CONTRIBUTO PUBBLICO - COSTI DI SOPRAVVIVENZA per Part 3(b)
3		
4		

IV. REGIMI MATRIMONIALI *Compilare questa parte, facoltativa.*

☐ NOME DEL CONIUGE (Non è necessario dettagliare)

	DATA	DOVE	STATO	CESSAZIONE DEI REGIMI
1				
2				
3				
4				

Social Security Number	Name of Individual:

V. GIFTS. *Barrare la casella se si è in più di dieci persone.*

☐ NOME DEL CONIUGE (Non è necessario dettagliare)

	SOURCE	DESCRIPTION	VALUE
1			
2			
3			
4			
5			

VI. LIABILITIES. *Barrare la casella se si è in più di dieci persone.*

☐ NOME DEL CONIUGE (Non è necessario dettagliare)

	CREDITOR	DESCRIPTION	VALUE CODE
1			
2			
3			
4			
5			

Social Security Number	Name of Individual:

VII. INVESTMENTS and TRUSTS — *Include also investments of Spouse/Dependent Children (See Common Reporting Problems at Part 3 of the Instructions).*

☐ NOME (Se non applicabile dettagliare, passare al sottoparagrafo A)

Description of Assets (Including trust assets in which you have a beneficial interest)	Gross Value at End of Reporting Period (Use only codes from list below)	Gross Income during Reporting Period (Use only codes from list below)	Transaction (if applicable)				
			Date (Month and Day)	Type (Buy, Sell, or Exchange)	Amount of Transaction (Use only codes from list below)	Cap. Gains Taxable on Schedule D?	Owner (Only if Spouse/ Dependent Child)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

Social Security Number	Name of Individual:

VII. INVESTMENTS and TRUSTS — *Include also investments of Spouse/Dependent Children (See Common Reporting Problems at Part 3 of the Instructions).*

☐ NOME (Se non applicabile dettagliare, passare al sottoparagrafo A)

Description of Assets (Including trust assets in which you have a beneficial interest)	Gross Value at End of Reporting Period (Use only codes from list below)	Gross Income during Reporting Period (Use only codes from list below)	Transaction (if applicable)				
			Date (Month and Day)	Type (Buy, Sell, or Exchange)	Amount of Transaction (Use only codes from list below)	Cap. Gains Taxable on Schedule D?	Owner (Only if Spouse/ Dependent Child)
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							

Social Security Number	Name of Individual:

VII. INVESTMENTS and TRUSTS — *Include also investments of Spouse/Dependent Children (See Common Reporting Problems at Part 3 of the Instructions).*

☐ NOME (Se non applicabile dettagliare, passare al sottoparagrafo A)

Description of Assets (Including trust assets in which you have a beneficial interest)	Gross Value at End of Reporting Period (Use only codes from list below)	Gross Income during Reporting Period (Use only codes from list below)	Transaction (if applicable)				
			Date (Month and Day)	Type (Buy, Sell, or Exchange)	Amount of Transaction (Use only codes from list below)	Cap. Gains Taxable on Schedule D?	Owner (Only if Spouse/ Dependent Child)
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							

Social Security Number	Name of Individual:

VII. INVESTMENTS and TRUSTS — *Include also investments of Spouse/Dependent Children (See Common Reporting Problems at Part 3 of the Instructions).*

☐ NOME (Se non applicabile dettagliare, passare al sottoparagrafo A)

Description of Assets (Including trust assets in which you have a beneficial interest)	Gross Value at End of Reporting Period (Use only codes from list below)	Gross Income during Reporting Period (Use only codes from list below)	Transaction (if applicable)				
			Date (Month and Day)	Type (Buy, Sell, or Exchange)	Amount of Transaction (Use only codes from list below)	Cap. Gains Taxable on Schedule D?	Owner (Only if Spouse/ Dependent Child)
50							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							

Social Security Number	Name of Individual:

VII. INVESTMENTS and TRUSTS — *Include also investments of Spouse/Dependent Children (See Common Reporting Problems at Part 3 of the Instructions).*

☐ NOME (Se non applicabile dettagliare, passare al sottoparagrafo A)

Description of Assets (Including trust assets in which you have a beneficial interest)	Gross Value at End of Reporting Period (Use only codes from list below)	Gross Income during Reporting Period (Use only codes from list below)	Transaction (if applicable)				
			Date (Month and Day)	Type (Buy, Sell, or Exchange)	Amount of Transaction (Use only codes from list below)	Cap. Gains Taxable on Schedule D?	Owner (Only if Spouse/ Dependent Child)
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							

Social Security Number	Name of Individual:

VIII. ADDITIONAL INFORMATION OR EXPLANATIONS. *Continua sul retro*

Part 1 (a) - The reporting individual's position as a judicial officer should be indicated. If the position held changed during the year, identify the dates for each position held.

Part 1 (b) - Each judge is also to complete the Daily Record of Trial Activity.

Part 2 (a) - Report the name of each organization in which a fiduciary position was held during the year.

Part 2 (c) and (d) - These questions refer to positions for which the individual receives no compensation. "Yes" answers must be explained. Identify the source and describe briefly the duties performed or expertise used.

Part 3 (a) and (b) - For all "Yes" answers, identify the source and describe briefly the nature of the activity.

Part 3 (c) and (d) - For all "Yes" answers, identify the source and describe briefly the nature of the activity. Amounts of honoraria received in excess of $200 may be redacted unless part of a terminated filer's report.

Part 4 (a) - Report the names of clients represented personally by the reporting individual or by any partnership or professional corporation of which he or she is a member, if the fees for such services exceeded $1,000 during any one year reported. Do not report clients represented on behalf of the United States.

Part 4 (b) - Do not report fees received from any source listed in response to Part 3 (a) and (b) above. Do not report any retirement benefits.

Social Security Number	Name of Individual:

IX. CERTIFICATION.

I certify that all information given above (including information pertaining to my spouse and minor or dependent children, if applicable) is true, complete and correct to the best of my knowledge. I understand that a false or misleading statement may be punishable by a fine of up to $10,000 and/or imprisonment for up to 5 years (18 U.S.C. § 1001) and/or civil penalties (5 U.S.C. app. § 104).

I further certify that earned income from outside employment and honoraria has been or will be reported, where required, and that any gifts have been reported or are exempt under the Ethics in Government Act and the Judicial Conference regulations. I have obtained prior approval to hold any reported position from an ethics committee, where required.

Signature: **S. CATHERINE C. H. ARE**

NOTE: A knowingly false or willfully misleading report may subject you to criminal sanctions under 18 U.S.C. § 1001 and/or civil sanctions under 5 U.S.C. app. § 104. Each report must be signed and dated in accordance with 5 U.S.C. app. § 103(l).

Committee on Financial Disclosure
Administrative Office of the United States Courts
One Columbus Circle, N.E.
Suite 7-300, Thurgood Marshall Federal Judiciary Building
Washington D.C. 20544