

WORKED in the US? GET YOUR TAX BACK

Today's date: _____

PLEASE COMPLETE IN BLOCK CAPITALS

How did you hear of our service?:

Steps to a Refund:

1. Complete and sign this registration and agreement form
2. Attach it to your signed power of attorneys, your W2's / final cumulative payslips and a copy of your social security card.
3. Scan these documents and e-mail them to us at

USdocuments@taxback.com.



1 Contact & Visa Information:

Title: _____ First Name: _____ Middle Initial: _____ Family Name: _____

Date of Birth: /DD/MM/YY/ ____/____/____ Tel: _____ Mobile: _____

Email: _____ Country: _____ Postal Address: _____

Please circle the correct option:

Program type: WAT / Intern / Other

Visa Type:

J1 / J2 / F1 / H1B / H2B / Q

Date of arrival in the USA: /DD/MM/YY/ ____/____/____ Date of Departure from the USA: /DD/MM/YY/ ____/____/____

Have you applied for this refund before: YES / NO Did you arrange your job in the US before you went there? YES / NO

Did you have a job in your own country before you went to the US? YES / NO

What was the cost of your programme to the US? \$ _____ What was the cost of your flight to the US? \$ _____



2 Employment Information:

1st Company Name: _____ City: _____

State: _____ Tel: _____ Final work date: /DD/MM/YY/ ____/____/____

2nd Company Name: _____ City: _____

State: _____ Tel: _____ Final work date: /DD/MM/YY/ ____/____/____

If you had more than two employers please include information on a separate page.



3 Request for Services and Declaration:

I _____ (name) declare that all information supplied by me, on this form, is correct and complete.

I _____ (name), SSN _____, request Taxback.com to source my payments documents from my employers and authorise them to do so:

I agree with the taxback.com terms and conditions of service as on www.taxback.com

Signature: _____

Date: _____

Document Instructions

To get your US Tax Refund, we need you to:

- sign the three IRS tax forms (Forms 2848, 8821 and 8822) and then email them to us with your payment documents, some ID and our Customer Agreement.

Please print these 3 forms and our Customer Agreement and sign as follows:

- **2848 form – two pages:**
Page 1: Please put your initials (the first letters of your first and last name) on section 6 where the X mark is.
Page 2: Please sign the form on section 9 where the X mark is.
- **8821 and 8822 forms** - please sign and date the forms only.
- **Customer Agreement form** - please sign and date it.
- **ID** - Send us a photocopy of your social security card. If you do not have one, please send us a copy of your US visa or the ID page of your national passport.
- **Your payment documents** – the final pay-slip or W2 from each employer.
- **Your contact details** – if you have a new mobile number or email address, please give us the details. We need these to send you your money.

The fastest way for you to get your refund is to: Scan these documents and e-mail them to us at USdocuments@taxback.com.

The IRS require these documents to be scanned in the following way:

1. Please, set the size of the scanning to the American standard:
 1. Height: 11 inches (279mm);
 2. Width: 8.5 inches (216mm).
2. Set the picture quality to Black & White;
3. Set the resolution to 300 dpi (dots per inch);
4. Please, save the file in either PDF or JPEG format;
5. The size of the scanned files should not be greater than 2MB.

If you are having any difficulty with this scanning, please talk to us at www.taxback.com/chat or ring our local office at www.taxback.com/contactus.asp

- 7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
- a** If you also want the second representative listed to receive a copy of notices and communications, check this box
 - b** If you do not want any notices or communications sent to your representative(s), check this box

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here.

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

X Signature	X Date	Title (if applicable)
X Print Name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN Number	Print name of taxpayer from line 1 if other than individual
Signature	Date	Title (if applicable)
Print Name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN Number	

Part II Declaration of Representative

Caution: *Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.*

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d** Officer—a bona fide officer of the taxpayer’s organization.
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer’s immediate family (i.e., spouse, parent, child, brother, or sister).
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
 - h** Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 2 of the instructions.

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation—Insert above letter (a-h)	Jurisdiction (state) or identification	Signature	Date
B	Illinois		
H			

7. Notices and Communications

We will send you and the primary representative listed in section 2, copies of our computer-generated notices.

Check this box if you do **not** want us to send copies of computer-generated notices to your representative.

8. Retention/Revocation of prior Power of Attorney Declarations

This Power of Attorney Declaration **automatically revokes all prior Power of Attorney Declarations for the same matters and tax years** on file with us unless you specify otherwise below. To expedite revocation, please refer to the instructions on page 4.

Check this box if you **do not** want to revoke a prior Power of Attorney Declaration. **You must attach a copy of each prior Power of Attorney Declaration you want to remain in effect.**

9. Signatures authorizing Power of Attorney Declaration

If the tax matter concerns a joint return and you declare joint representation, both husband and wife must sign and date this declaration.

If you are a corporate officer, partner, guardian, tax matters representative, executor, receiver, administrator, or trustee on behalf of the taxpayers, you certify that you have the authority to execute this by signing the Power of Attorney Declaration on behalf of the taxpayers.

Check this box if your signature denotes a fiduciary relationship.

It is unlawful to forge a taxpayer's or spouse's signature.

X

Signature

Date

Title (if applicable)

Print Name

Signature

Date

Title (if applicable)

Print Name

Signature

Date

Title (if applicable)

Print Name

Please retain a copy of the Power of Attorney Declaration for your files.

We will return this Power of Attorney Declaration if you do not sign and date it.

Customer Agreement

I confirm that

1. I understand that Taxback.com is a trading name for the services of Taxback Inc., Chicago, USA, and its parent company European Student Services Ltd., Ireland and its subsidiaries and representative companies.
2. I have not filed an income tax return/applied for an income tax refund for the USA for this tax year or authorized any other party to do so on my behalf.
3. I have signed the necessary power of attorneys to authorize Taxback. Inc, trading as Taxback.com, and owned by European Student Services Ltd., and referred to hereafter as the Agent, to prepare this tax return and represent me before the US Tax Authorities (IRS and State Tax Authorities).
4. I authorize the Agent to receive all correspondence from the US Tax Authorities on my behalf.
5. I want to avail of the offer to "pay no fee up-front" when I sign up for the service. In order to avail of this option, I understand that the fee will need to be paid by me when the refund has been issued by the US Tax Authorities.
6. I authorize the Agent to receive my refund cheque(s) from the Tax Authorities.
7. I further authorize the Agent to endorse the cheques, deduct the necessary fee and to send me the remaining amount.
8. Should the Agent choose for any reason not to endorse the cheque, I understand and agree that I will pay the fee due and will cash the tax office refund cheque myself.
9. Should I receive the refund directly from any other source other than the Agent, I understand and agree that I will pay the fee due to the Agent for the work completed.
10. Should I owe income tax for other tax years, and the US Tax Authorities deduct this owed money from the refund due for other tax year (s), I understand and agree that I need to pay the Agent processing fee for each tax year for which a tax return was processed.
11. I understand that the US Tax Authorities will make the final decision on the value of any refund due. I understand that the Agent will provide the best estimation possible based on current tax law and information given, however this is estimation only, not a guarantee.
12. I agree to the terms and conditions of service, as written online on www.taxback.com, and as may change from time to time, and to the fees of the Agent which represents the services I have signed for from the Agent.
13. I confirm that I have given the Agent all information needed and available to me.

Name in print: _____ Date: _____

Signature: _____ Social Security Number: _____

Declaration to the Employer

I, _____ ,
grant full authority to **taxback.com**, 333 N. Michigan Ave., Suite 2415,
Chicago, Illinois 60601, U.S.A, to act as my agent in dealing with my United
States income tax return application.
I authorise that my W2 or a copy of my final cumulative pay-slip be sent to the
Chicago office of **taxback.com**.

Social Security Number: - -

Attach a copy of your Social Security Card:

Signature: _____

Date: _____