



# Formular de Înregistrare

Rambursare taxe SUA

RT Tax Romania

VĂ RUGĂM SĂ FOLOȘIȚI LITERE DIN ALFABETUL ENGLEZESC!

Prenume: PRENUME  
Al doilea prenume: AL DOILEA PRENUME  
Nume: NUME  
Adresa de e-mail: email@email.com

Data nașterii: 19 11 / 11 / 11 z  
Tipul rambursării: ☒ TRADITIONAL (90-150 de zile) ☐ RAPID (45 de zile) ☐ EXPRES (7 de zile)

Numer Social Security: 1 2 3 - 4 5 - 6 7 8 9  
Numele și prenumele mamei: NUMELE ȘI PRENUMELE MAMEI  
Numele și prenumele tatălui: NUMELE ȘI PRENUMELE TATĂLUI

Data în care ai ajuns în SUA: 2 o 16 a / 06 / 01 z  
Data în care ai părăsit SUA: 2 o 16 a / 09 / 07 z  
Pentru ce an(i) dorești ca RT Tax să-ți recupereze taxele? 2016

Ai mai aplicat pentru recuperarea acestor taxe la o altă companie sau individual? Da ☐ Nu ☒

Câți angajatori ai avut: 2 În care stat ai lucrat? OHIO

Orașul tău de naștere: TIMISOARA

## Informații loc de muncă

Trebuie să treci TOȚI ANGAJATORII (chiar dacă nu ai plătit taxe la acel loc de muncă) și să ne furnizezi  
ULTIMUL (ULTIMELE) PAY-SLIP(URI) sau formularele W-2. Dacă nu le ai, te vom ajuta să le obții.

1. Compania: WALMART  
Adresa: Ocean Street, Shopping Plaza  
Cleveland, OH  
Tel/Fax: +123456789  
E-mail: email@email.com  
Am formularul W-2 sau ultimul pay-slip de la acest loc de muncă Da ☐ Nu ☒  
Dacă NU, doresc ca RT Tax să-l recupereze Da ☐ Nu ☒

2. Compania: BURGER KING  
Adresa: Eden Street, Reston  
Cleveland, OH  
Tel/Fax: +123456789  
E-mail: email@email.com  
Am formularul W-2 sau ultimul pay-slip de la acest loc de muncă Da ☐ Nu ☒  
Dacă NU, doresc ca RT Tax să-l recupereze Da ☐ Nu ☒

3. Compania: \_\_\_\_\_  
Adresa: \_\_\_\_\_  
Tel/Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Am formularul W-2 sau ultimul pay-slip de la acest loc de muncă Da ☐ Nu ☒  
Dacă NU, doresc ca RT Tax să-l recupereze Da ☐ Nu ☒

4. Compania: \_\_\_\_\_  
Adresa: \_\_\_\_\_  
Tel/Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Am formularul W-2 sau ultimul pay-slip de la acest loc de muncă Da ☐ Nu ☒  
Dacă NU, doresc ca RT Tax să-l recupereze Da ☐ Nu ☒

Observațiile clientului:  
Observațiile RT Tax:  
Venit:  
Taxe plătite:  
În cazul în care primiți scrisoare de la Autoritățile fiscale din SUA, să ne anunțați cât mai repede posibil la adresa de e-mail info@rttax.com.  
Semnând acest formular declar că informațiile, oferite de mine sunt corecte și complete.

Semnătura: X SEMNĂTURA  
Date: X DATA

## POWER OF ATTORNEY

PRENUME, NUME, personal ID No / date of birth 1911-11-11 (the "Principal") hereby authorises UAB A & Z Group, company code 302522637, tax office address at Laisves Al. 67, Kaunas, Lithuania, its managers and/or employees (the "Agent") to perform any and all actions required for the proper performance of the Agent's obligations under the Collection Agreement executed with the Principal, i.e. including, but not limited to:

- (i) to receive the cheques drawn for the benefit of the Principal and in the name of the Principal or in the name of the Agent (the "Cheques") from any persons;
- (ii) to collect the Cheques in the bank account of the Agent;
- (iii) to receive on behalf of the Principal amounts transferred by third parties;
- (iv) to transfer the amounts received after collection of Cheques or received directly from the third parties to the Principal by a bank transfer, by issuing a cheque or in any other way if it is agreed by the Principal and the Agent;
- (v) from the amount to be transferred to the Principal to deduct the fee payable to the Agent under the Collection Agreement and the amount of service fee payable to Torus Solution NV, under the Services Agreement executed between the Principal and Torus Solution NV;
- (vi) to prepare, sign, submit and receive all and any documents related to the above mentioned assignments, and to perform all and any other actions in connection with the foregoing.

The Agent shall be entitled to delegate powers granted hereunder to any third person. This Power of Attorney shall be valid for 24 months from its execution.

The Principal (signature): X SEMNĂTURA Date: 2012-10-10

## REGIUNE Collection Agreement

This Collection Services Agreement (the "Agreement") is executed by and between:  
(1) UAB A & Z Group, company code 302522637, tax office address at Laisves Al. 67, Kaunas, Lithuania (the "Agent"), e-mail: info@torus-solutions.com, and  
(2) PRENUME, NUME, date of birth 1911-11-11 (the "Principal").  
Hereinafter the Agent and the Principal together are referred to as the "Parties" and each separately as the "Party".

RECITALS  
(A) The Principal and Torus Solution NV have executed the Services Agreement, pursuant to which Torus Solution NV shall provide receivables administration services (the "Receivables") in accordance with the Services Agreement. Receivables will be refunded to the Principal in a form of cheque (cheques will be drawn in the name of the Principal or the Agent, who provides cheques collection and related services (the "Cheque"), as the nominee of the Principal) for by a direct bank transfer;  
(B) The Parties wish to agree on the terms and conditions of the collection of the Cheque;  
(C) For the purposes of implementation of this Agreement, the Agent will use the personal data, bank account details and other information of the Principal submitted to the Agent.

1. Subject matter  
1.1. In accordance with the terms and conditions set in this Agreement, the Agent shall provide to the Principal cheques collection and related services (the "Services") and the Principal shall accept and remunerate for such Services.  
2. Terms of Provision of Services  
2.1. The Parties agree that the Agent will act and shall be indicated in all related documents as the nominee to receive the Cheque and/or other kinds of payments on behalf of the Principal.  
2.2. Once the Cheque is received by the Agent, he will submit the cheque for collection to any bank selected by the Agent. The submission shall be made not later than within 15 (fifteen) days from the receipt of the Cheque or other receivables.  
2.3. The Cheque or other payments received shall be collected on the separate bank account of the Agent. The collected money and/or amounts received from the third parties shall be accounted separately from the funds of the Agent in a separate account. The Parties agree that these amounts are owned by the Principal and are held in the account of the Agent for the benefit of the Principal in accordance with this Agreement until the transfer of the amounts due to the Principal in accordance with this Agreement. These amounts shall not be considered as the income of or as otherwise owned by the Agent and, unless agreed otherwise, the Agent shall not be entitled to use the collected money for his own needs.

2.4. If according to this agreement, the Principal does not provide required Principal's personal data including bank account information for completion of the Services within 1 (one) year from the date the Collection Agreement was signed, the Agent shall deduct its service fee and (if applicable) additional bank charges under Section 2.6(ii) and shall transfer the remaining amount(s) to Torus Solution NV bank account. This shall be treated as proper and full performance of the obligations of the Agent set in the Agreement and the Agent shall not be held liable for any further claims against the amounts concerned.  
2.5. The money received after collection of the Cheque or received directly from any third parties shall be refunded to the Principal after deduction of the Service Fee in accordance with Section 3.1, 3.2 hereof, and the service fee payable by the Principal to the Torus Solution NV under the Services Agreement and (if applicable) additional bank charges under Section 2.6(ii), by a bank transfer or by a bank cheque drawn in the name of the Principal or his/her nominee.  
2.6. The Agent shall bear the cost of one bank transfer. However, the Agent shall not be responsible for (i) any fees charged by the Principal's bank or intermediary bank; or (ii) for any additional bank charges if the bank needs to repeat the transfer because of the incorrect or incomplete information provided. Where the receivable amount is converted from one currency to another, it shall be calculated in accordance with the exchange rate applied by the respective bank valid on the day of conversion for the purposes of the bank transfer to be made to the Principal's bank account. The Agent shall bear the cost of the currency conversion.

2.7. While providing the Services the Agent shall as necessary disclose that he is acting as the nominee of the Principal and the collection of the Cheque or other payments received and transfer of money is made in the name and on behalf of the Principal.  
3. The Services Fees  
3.1. The fee for the Services (the "Service Fee") shall be a fixed amount of USD 20 (twenty) plus VAT (if applicable) for one transfer and USD 5 (five) plus VAT (if applicable) for each cheque issued to the Principal in accordance with the terms and conditions of this Agreement.  
3.2. The Service Fee shall be deducted from the amount received after collection of the Cheque or from the other payments received, prior to the transferring it to the Principal's bank account or issuing the cheque.

4. Validity of the Agreement  
4.1. The Agreement shall come into force upon signing of it by both Parties and shall be valid until the proper and full performance of the obligations of the Parties set in the Agreement.  
4.2. The Agreement may be terminated by the mutual agreement of the Parties.  
4.3. The Principal shall have the right to unilaterally terminate the Agreement only prior to Torus Solution NV has started implementing agreed conditions described in the Services Agreement, by informing the Agent in accordance with Section 5.3 hereof. After Torus Solution NV activities has been started, the Agent will complete the provisions of the Services hereunder, to the extent possible, and shall have a right to make the deductions in accordance with Section 2.5 and (if applicable) Section 2.6 hereof.

5. Miscellaneous  
5.1. This Agreement is executed in English. The electronic copy of the Agreement shall be provided to the Principal at his request after it is executed by the Agent. All amendments to the Agreement shall be valid if they are in writing and signed by both Parties.  
5.2. The Agreement shall be governed by the Lithuanian law, and any dispute arising from or in connection with the Agreement shall be resolved by the court of the Republic of Lithuania.  
5.3. All notices and other communication under this Agreement shall be in writing and shall be handed in person or sent by regular mail, e-mail or fax to the addresses of the Agent provided above, and to the addresses of the Principal provided by the Torus Solution NV under the Services Agreement.

Agent \_\_\_\_\_  
Principal X SEMNĂTURA

## POWER OF ATTORNEY

I, the undersigned **PRENUME, NUME** **19 11-11-11**, date of birth **123 - 45 - 6789**, Social Security number **ADRESA**, residing at  
.....  
..... (hereinafter referred to as the "Principal"), hereby grant a power of attorney to the company, „Unidata“ Ltd, Reg. No 303490943, its officers and/or employees (hereinafter referred to as the "Agent"), to sign, verify and file all the principal's federal, state, social security and medicare, local income and other tax returns; examine and copy all the principal's tax returns and records; represent the principal before any federal, state or local revenue agency or taxing body and, in general, exercise all powers with respect to tax matters which the principal could, if present and under no disability.

On the basis of this power of attorney "Unidata" Ltd its officers and/or employees are given the authority:

1. To act as an agent in preparing and dealing with the Principal's income tax return(s) for the tax years 2012-2017.
2. To use own postal address on the Principal's tax return(s).
3. To receive all correspondence from the IRS and State Tax Authorities.
4. To request from the Principals employer(s) and to receive Principal's W-2 form to the address: 1219 Ogden Ave. Suite # T, Downers Grove, IL 60515, USA

Signed this ..... day of ..... 20.....

Signature of the Principal: **SEMNAȚURA**

Form <b>2848</b> (Rev. July 2014) Department of the Treasury Internal Revenue Service		Power of Attorney and Declaration of Representative		OMB No. 1545-0150
			For IRS Use Only Received by: Name _____ Telephone _____ Function _____ Date ____/____/____	
► Information about Form 2848 and its instructions is at <a href="http://www.irs.gov/form2848">www.irs.gov/form2848</a> .				
<b>Part I Power of Attorney</b> <b>Caution:</b> A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.				
<b>1 Taxpayer information.</b> Taxpayer must sign and date this form on page 2, line 7.				
Taxpayer name and address		Taxpayer identification number(s)		
		Daytime telephone number _____ Plan number (if applicable) _____		
hereby appoints the following representative(s) as attorney(s)-in-fact:				
<b>2 Representative(s)</b> must sign and date this form on page 2, Part II.				
Name and address		CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____		
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>		<b>Check if new:</b> Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>		
Name and address		CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____		
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>		<b>Check if new:</b> Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>		
Name and address		CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____		
<b>(Note.</b> IRS sends notices and communications to only two representatives.)		<b>Check if new:</b> Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>		
Name and address		CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____		
<b>(Note.</b> IRS sends notices and communications to only two representatives.)		<b>Check if new:</b> Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>		
to represent the taxpayer before the Internal Revenue Service and perform the following acts:				
<b>3 Acts authorized (you are required to complete this line 3).</b> With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).				
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)		
Individual Income Tax	1040EZ, 1040NR-EZ, 1040NR, 4852	2015, 2014, 2013, 2012		
FICA Tax	843, 8316	2015, 2014, 2013, 2012		
State Income Tax		2015, 2014, 2013, 2012		
<b>4 Specific use not recorded on Centralized Authorization File (CAF).</b> If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for <b>Line 4. Specific Use Not Recorded on CAF</b> . . . . . <input checked="" type="checkbox"/>				
<b>5a Additional acts authorized.</b> In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): <input type="checkbox"/> Authorize disclosure to third parties; <input type="checkbox"/> Substitute or add representative(s); <input checked="" type="checkbox"/> Sign a return; This Power of Attorney is being filed pursuant to Regulations section 1-6012-1(a)(5) by reason of my continuous absence from the United States. _____ <input checked="" type="checkbox"/> Other acts authorized: In addition, the representative is authorized to make, execute and file form 4506-T and specific claim for refund on forms 843 and 8316. _____				
<b>For Privacy Act and Paperwork Reduction Act Notice, see the instructions.</b> Cat. No. 11980J Form <b>2848</b> (Rev. 7-2014)				



**6 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 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.**

**7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. 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 TO THE TAXPAYER.**

**X SEMNĂTURA**

Signature

Date

Title (if applicable)

**X PRENUME, NUME**

Print Name

☐☐☐☐☐  
PIN Number

Print name of taxpayer from line 1 if other than individual

**Part II Declaration of Representative**

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 Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the 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 Circular 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 (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-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 Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - l Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE.** See the instructions for Part II.

**Note:** For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation— Insert above letter (a–l)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date

Form

**8821**

(Rev. October 2011)

Department of the Treasury  
Internal Revenue Service**Tax Information Authorization**

- ▶ **Do not sign this form unless all applicable lines have been completed.**  
▶ **Do not use this form to request a copy or transcript of your tax return.**  
Instead, use Form 4506 or Form 4506-T.

OMB No. 1545-1165

For IRS Use Only

Received by

Name

Telephone

Function

Date

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)

Taxpayer identification number

Daytime telephone number

Plan number (if applicable)

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

Name and address

UAB RT, P/D 219  
Kaunas LT-44001  
Lithuania

CAF No.

PTIN

Telephone No. +370-676-22176

Fax No. +370-676-22176

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
Individual Income Tax	1040EZ, 1040NR-EZ, 1040NR, 4852	2012, 2011, 2010, 2009	
FICA Tax	843, 8316	2012, 2011, 2010, 2009	
State Income Tax		2012, 2011, 2010, 2009	

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6 ☐**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☒

**Note.** Appointees will no longer receive forms, publications and other related materials with the notices.

b If you do not want any copies of notices or communications sent to your appointee, check this box ☐

**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box ☐

To revoke this tax information authorization, see the instructions on page 4.

**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

**IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

**DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

**X SEMNĂTURA**

Signature

Date

Signature

Date

**X PRENUME, NUME**

Print Name

Title (if applicable)

Print Name

Title (if applicable)

☐☐☐☐☐

PIN number for electronic signature

☐☐☐☐☐

PIN number for electronic signature

This Services Agreement (the "Agreement") is executed by and between:  
Torus Services Ltd (dba RTTAX), company code 222222, represented by the person duly authorized under existing legislation (the "Service Provider"), and  
Dated: 2012-10-10

PRENUME, NUME

1911-11-11

- (1) Hereinafter the Service Provider and the Client together are referred to as the "Parties" and each separately as the "Party".
- (2) **RECITALS**
- (A) The Service Provider provides tax refund and related services and the Client wishes to recover the personal income tax paid due to work abroad or on other grounds.
- (B) The Parties wish to agree on the terms and conditions of tax refund.
- 1. Subject matter**
- 1.1. In accordance with the terms and conditions set in this Agreement, the Service Provider shall provide to the Client tax refund and related services, i.e. shall draw up the documents necessary for the refund of the taxes paid by the Client in the United States of America, United Kingdom, Ireland, the Netherlands, Germany, Norway, Canada, New Zealand or other jurisdiction and shall present them to the corresponding tax authorities or other competent institutions (the "Services"), and the Client shall accept and remunerate for such Services.
- 1.2. By this Agreement the Client authorizes the Service Provider to prepare, sign and file tax returns and to receive all correspondence, including tax refund cheques, from tax authorities. Service Provider will as necessary disclose that he is acting as the nominee of the Client and all the actions are made in the name and on behalf of the Client.
- 1.3. Taxes will be refunded to the Client by a bank transfer of the refunded amount to the bank account or by a bank cheque drawn in the name of the nominee indicated by the Client. The Tax Refund Cheque shall be collected and the tax refund amount shall be transferred to the Client by the Collection Services Provider in accordance with the terms and conditions set in the Collection Agreement executed between the Client and the Collection Services Provider.
- 1.4. The final amount of the taxes to be refunded shall be established by a competent institution of the foreign country. The amounts calculated by the Service Provider are for information purposes only and do not entitle the Client to claim the preliminarily calculated amount.
- 2. Terms of Provision of Services**
- 2.1. The Service Provider hereby undertakes:
- 2.1.1. to provide the Client information on the documents that the Client needs to submit to the Service Provider for the purposes of filing for the tax refund;
- 2.1.2. to collect, complete and sign all the required forms, requests and other related documents on behalf of the Client;
- 2.1.3. to submit the required documents to the respective tax authorities or other competent institutions that are responsible for tax refunds;
- 2.1.4. to inform the Client about the process of the tax refund and other related matters at the Client's request;
- 2.1.5. to transfer the Tax Refund Cheque to the Collection Services Provider for collection under the Collection Agreement executed between the Client and the Collection Services Provider or to instruct the tax authority to transfer the tax refund amount to the Collection Services Provider for subsequent transfer of tax refund amount to the Client.
- 2.2. The Client hereby undertakes:
- 2.2.1. to provide to the Service Provider complete, true and accurate information and documents (originals and copies) required for the completion of the tax refund. The Client is entitled to provide the information either by filling in paper forms provided by Services Provider or by filling in the online information form available at the Service Provider's internet site;
- 2.2.2. to fill in and sign any forms and other documents required for the completion of the tax refund;
- 2.2.3. to inform the Service Provider immediately and in all cases not later than within 5 (five) days, if the foreign tax or other authority transfers the refunded amount or a part thereof or sends the Tax Refund Cheque for the full refund amount or a part thereof directly to the Client;
- 2.2.4. during the validity term of this Agreement to abstain from executing tax refund services agreements with other service providers;
- 2.2.5. to inform the Service Provider of the new employment or self-employment in a foreign country;
- 2.2.6. to inform the Service Provider of any changes in the Client's contact details or about any other changes that may have impact to the tax refund. The information can be updated on the internet site of the Service Provider or e-mailed;
- 2.2.7. to pay the Service Provider the Service Fee as set out in Section 3 hereof.
- 3. The Services Fees**
- 3.1. The fee for the Services (the "Service Fee") shall be:
- 3.1.1. For the "STANDARD" USA tax refund (Federal and State), if the tax refund amount is between:
- 3.1.1.1. USD 0-200, the service fee shall be USD 50;
- 3.1.1.2. USD 201-600, the service fee shall be USD 70;
- 3.1.1.3. USD 601-800, the service fee shall be USD 80;
- 3.1.1.4. USD 801 and more, the service fee shall be 10% from the refunded amount.
- 3.1.2. Additional Fees applies for the "Fast": 33 USD and for the "Express": 99 USD USA tax refund. "Fast" and "Express" is available for Federal and State tax refund only.
- 3.1.3. USA tax refund (Social Security and Medicare): the service fee shall be 10% from the refunded amount, with a fixed minimum of USD 80;
- 3.1.4. United Kingdom: the service fee shall be 11% from the refunded amount, with a fixed minimum of GBP 50;
- 3.1.5. Ireland: the service fee shall be 11% from the refunded amount with a fixed minimum of 60 EUR;
- 3.1.6. Ireland tax refund (Universal Social Charge (USC)): the service fee shall be 11% from the refunded amount with a fixed minimum of 60 EUR;
- 3.1.7. Norway: the service fee shall be 14% from the refunded amount, with a fixed minimum of EUR 80;
- 3.1.8. The Netherlands: the service fee shall be 14% from the refunded amount with a fixed minimum of EUR 45;
- 3.1.9. Germany: the service fee shall be 14% from the refunded amount with a fixed minimum of EUR 50;
- 3.1.10. Canada: the service fee shall be 11% from the refunded amount, with a fixed minimum of 70 CAD;
- 3.1.11. New Zealand: the service fee shall be 14% from the refunded amount, with a fixed minimum of 135 NZD;
- 3.2. The additional fee for the retrieval of the lost or missing documents shall be for W2 (USA) – USD 15, P-45/P-60 (United Kingdom) – GBP 15, P-60 (Ireland) – EUR 17, T-4 (Canada) – CAD 15, CAD, RF-1015B (Norway) – EUR 17, "Jaaropgaaf" form (the Netherlands) – EUR 15, "Lohnsteuerkarte" (Germany) – EUR 15, "Summary of Earnings" (New Zealand) – 45 NZD.
- 3.3. The Client shall also compensate the fees and costs incurred by the Service Provider in the tax refund process that could not be foreseen at the moment of the execution of this Agreement as listed in the pricelist of the Service Provider.
- 3.4. The amount of the payable VAT (if applicable) shall be added to all amounts indicated in Sections 3.1-3.3 hereof. The fees established in Sections 3.1-3.2 may be changed by the Service Provider unilaterally and shall be applicable to any request of the Client to provide the Services submitted after the Client has received notice on the change of fees.
- 3.5. The Service Fee shall be deducted from the amount received after the tax refund prior to the transferring it to the Client's account.
- 4. Liability**
- 4.1. If the Client terminates the Agreement for the other reasons than failure by the Service Provider to perform its obligations after the filing for the tax refund is done or in case of breach of obligations set out in Section 2.2.4 hereof, the Client shall pay the fine of USD 100 and shall cover all expenses of the Service Provider incurred due to the termination of the Agreement, not covered by the fine.
- 4.2. The Service Provider shall not be liable for: the delays in refunding taxes if the delay is caused by the foreign tax or other competent institutions; the failure to refund taxes, for the tax liability or for any other negative consequences, which occurred due to false, inaccurate or incomplete information provided by the Client or due to Client's prior financial commitments to any foreign tax or other institutions; the negative consequences incurred by the Client due to the changes in the applicable laws, rules, regulations or procedures applicable for the tax refund; additional bank charges, if the bank needs to repeat the transfer because of the incorrect or not full information provided; and any fees charged by the Client's or intermediary bank.
- 5. Validity of the Agreement**
- 5.1. The Agreement shall come into force upon signing of it by both Parties and shall be valid until the proper and full performance of the obligations of the Parties set in the Agreement. The Agreement may be terminated by the mutual agreement of the Parties. The Client shall have the right to unilaterally terminate the Agreement prior to the filing for tax refund by informing the Service Provider in accordance with Section 6.1 hereof.
- 6. Miscellaneous**
- 6.1. All additions, amendments and annexes to the Agreement shall be valid if they are executed in writing and signed by both Parties without prejudice to Sections 3.1-3.4 hereof. The electronic copy of the Agreement shall be provided to the Principal at his request after it is executed by the Agent. The disputes arising between the Parties regarding this Agreement or during the performance of this Agreement are settled by way of negotiations. In case of failure to settle a disagreement, the disputes shall be finally settled by the competent court. All notices and other communication under this Agreement shall be in writing and shall be handed in person or sent by registered mail, e-mail or fax.

Client X SEMNATURA



# SUA DOCUMENTE (MODELE)

## Formularele W-2

[illegible]

## SUA VISA



## Social Security Card



**DS-2019**

# ULTIMUL PAY SLIP

MERRIAM PARK PAINTING				VENIT TOTAL (INTRODU SUMA TOTALĂ (YTD))	
Employee				SSN	Status (Fed/State)
1231 Woodbridge Street, St. Paul, MN 55117				123-45-6789	Single/Single
				Pay Period: 08/16/2010 - 08/29/2010	Pay Date: 08/31/2010
Earnings and Hours		City	Rate	Current	YTD Amount
Hourly Rate		40:30	9.00	364.50	3,249.00
Taxes				Current	YTD Amount
Federal Withholding				0.00	-91.00
Social Security Employee				-22.60	-201.44
Medicare Employee				-5.28	-47.11
MN - Withholding				0.00	-78.00
				-27.88	-417.55
Net Pay				336.62	2,831.45

U.S. Department of State				OFFICE OF EXCHANGE VISAS	
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS				DATE OF EXPIRATION: 01-01-2008 EXPIRATION: 01-01-2008 PASSPORT: 01-01-2008	
1. Family Name <b>WANG</b>	2. First Name <b>DAVID</b>	3. Birth Date <b>04/01/1970</b>	4. Sex <b>MALE</b>	5. Nationality <b>CHINA</b>	
6. Date of Arrival (mm/dd/yyyy) <b>04/01/2007</b>	7. City of Birth <b>TAIPEI</b>	8. Country of Birth <b>TW</b>	9. Citizenship (Country) <b>TAIWAN</b>	10. SEVIS ID <b>J-1</b>	
11. Local Permanent Resident Country Code <b>TW</b>		12. Local Permanent Resident Category <b>STUDENT</b>		13. Position Code <b>213</b>	
14. Address <b>College of Engineering 1111 Washington Blvd. New York, NY 10044</b>		15. Exchange Visitor Status <b>UNIVERSITY TEACHER STUDENT INCLUDING</b>			
16. Exchange Visitor <b>Reggie University</b>		17. Exchange Visitor Sponsor <b>Program Number</b>			
18. Exchange Visitor Description <b>PROFESSOR, RESEARCHER, SCHOLAR, SHORT-TERM SCHOLAR, SPECIALIST, STUDENT ASSOCIATE, STUDENT SCHOLAR, STUDENT FELLOW, STUDENT VISITOR, STUDENT BASKETBALL, STUDENT NON-REGULAR</b>					
19. Exchange Visitor Status <b>Begin new program; assign number (0) or immediate family members.</b>					
20. Form Category <b>Form 0000000000</b>		21. Exchange Visitor Category <b>RESEARCH SCHOLAR</b>			
22. Form 0000000000 <b>07-01-2004</b>		23. Exchange Visitor Category <b>03-0000 Education, Doctor</b>			
24. Exchange Visitor Status <b>Form 0000000000</b>					
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