

# WORKED in the US? GET YOUR TAX BACK

Today's date: \_\_\_\_\_

How did you hear of our service?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PLEASE COMPLETE IN BLOCK CAPITALS

### 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](mailto: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:

1<sup>st</sup> Company Name: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Tel: \_\_\_\_\_ Final work date: /DD/MM/YY/ \_\_\_\_/\_\_\_\_/\_\_\_\_

2<sup>nd</sup> 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](http://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](mailto: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](http://www.taxback.com/chat) or ring our local office at [www.taxback.com/contactus.asp](http://www.taxback.com/contactus.asp)

**Power of Attorney  
and Declaration of Representative**

► Type or print. ► See the separate instructions.

OMB No. 1545-0150

**For IRS Use Only**

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part I Power of Attorney**

**Caution:** Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address  c/o 20 Eden Quay, Dublin 1, Ireland	<b>Social security number(s)</b> _____  _____  <b>Daytime telephone number</b> ( )	<b>Employer identification number</b>    <b>Plan number (if applicable)</b>  
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hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

Name and address  Taxback Inc., 333 North Michigan Ave, Suite 2415 Chicago, IL 60601	CAF No. _____ Telephone No. <u>888 203 8900</u> Fax No. <u>312 781 2707</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address  c/o ESS Ltd., 20 Eden Quay, Dublin 1, Ireland	CAF No. _____ Telephone No. <u>011 353 1887 1999</u> Fax No. <u>011 353 1670 6963</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

**3 Tax matters**

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Individual Income Tax	1040, 1040NR, 4506	2007, 2006, 2005, 2004,
FICA tax	843, 8316,	2007, 2006, 2005, 2004,

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific uses not recorded on CAF.** . . . . . ► ☐

**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_  
This Power of Attorney is being filed pursuant to regulations 1.6012-1 (b) (3) \_\_\_\_\_  
by reason of continuous absence from the US. \_\_\_\_\_  
\_\_\_\_\_

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here X and list the name of that representative below.

Name of representative to receive refund check(s) ► \_\_\_\_\_

- 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.**

<p><b>X</b></p> <p>-----</p> <p style="text-align: center;">Signature</p>	<p><b>X</b></p> <p>-----</p> <p style="text-align: center;">Date</p>	<p>-----</p> <p style="text-align: center;">Title (if applicable)</p>
<p><b>X</b></p> <p>-----</p> <p style="text-align: center;">Print Name</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;">PIN Number</p>	<p>-----</p> <p style="text-align: center;">Print name of taxpayer from line 1 if other than individual</p>
<p>-----</p> <p style="text-align: center;">Signature</p>	<p>-----</p> <p style="text-align: center;">Date</p>	<p>-----</p> <p style="text-align: center;">Title (if applicable)</p>
<p>-----</p> <p style="text-align: center;">Print Name</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;">PIN Number</p>	

## **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			

## Change of Address

OMB No. 1545-1163

▶ Please type or print.

▶ See instructions on back.

▶ Do not attach this form to your return.

### Part I Complete This Part To Change Your Home Mailing Address

Check **all** boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, TeleFile, 1040NR, etc.)  
▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here . . . . . ▶ ☐

- 2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)  
▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name

▶ Social security number

**3a** Your name (first name, initial, and last name)

**3b** Your social security number

**4a** Spouse's name (first name, initial, and last name)

**4b** Spouse's social security number

**5** Prior name(s). See instructions.

**6a** Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

**6b** Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

**7** New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

c/o ESS Ltd., 20 Eden Quay, Dublin 1, Ireland

### Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check **all** boxes this change affects:

- 8 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)  
9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)  
10 ☐ Business location

**11a** Business name

**11b** Employer identification number

**12** Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

**13** New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

**14** New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.

Room or suite no.

### Part III Signature

Daytime telephone number of person to contact (optional) ▶ ( )

**Sign Here**

▶ X X  
Your signature Date

▶ \_\_\_\_\_  
If joint return, spouse's signature Date

▶ \_\_\_\_\_  
If Part II completed, signature of owner, officer, or representative Date

▶ \_\_\_\_\_  
Title

## Tax Information Authorization

► **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)	<b>Social security number(s)</b> _____ _____	<b>Employer identification number</b> _____ _____
	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 c/o ESS Ltd., 20 Eden Quay, Dublin 1, Ireland	CAF No. _____ Telephone No. <b>011 353 1887 1999</b> Fax No. <b>011 353 1670 6963</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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**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	1040, 1040NR	2004, 2005, 2006, 2007	

**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 3. 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 . . . . . ► ☐

**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 3.

**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.**

  X   \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Print Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_  
☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

Print Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_  
☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

**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](http://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:

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**Attach a copy of your Social Security Card:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_