



DOCUMENT INSTRUCTIONS

taxback.com

US Head Office:

333N. Michigan Ave.
Suite 2415
Chicago, IL 60601
USA
P: 001 888 203 8900
F: 001 312 873 4202
E: info@taxback.com
W: www.taxback.com



European Address:

IDA Business & Technology Park
Ring Road
Kilkenny
Ireland
Tel: 353 1 887 1999
Fax: +353 1 670 6963
E-mail: info@taxback.com

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) by the black pen. 
 - Page 2: Please sign and date the form by the black pens. 
- 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



APPLICATION FORM

Complete and sign these forms. Attach your signed power of attorney form, your W2s/final cumulative payslips and a copy of your social security card. Scan and email them all to USdocuments@taxback.com.



1 Sign the
Forms



2 Send with
your tax info



3 Receive Your
Refund

taxback.com

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**CONTACT INFORMATION:**

PLEASE PRINT IN BLOCK CAPITALS

Mr: ☐ Mrs: ☐ Ms: ☐

First Name:

Surname:

Middle Initial: ☐

Date of Birth: DAY / MONTH / YEAR

Tel:

Email:

Mobile:

Home Country:

How did you hear of our service? **Yummy Jobs**

Postal address:

**VISA INFORMATION:**

Please X the correct option:

Visa Type:

Program type: Work & Travel ☐ Intern ☐ Other (please list): J1 ☐ F1 ☐ H1B ☐ H2B ☐ Q ☐ L ☐ E ☐ P ☐ O ☐ Other ☐

Date of arrival in the USA: DAY / MONTH / YEAR

Date of departure from the USA: DAY / MONTH / YEAR

Have you applied for this refund before: Yes ☐ No ☐

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

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

Visaholders who pay for living expenses in their home country while on their US program may receive larger legal tax refunds.

Please tick which living expenses you paid for in your home country, while you were on your US program:

Insurance (medical, home, vehicle, etc): ☐Mobile phone costs: ☐Club membership (gym, sports, social, etc): ☐Housing costs (rent, mortgage, board, etc): ☐Transportation (car, motorbike, bicycle, etc): ☐Other:

You may be entitled to a larger legal refund if you had a part/full-time job in your home country before and after your US program, and/or if you maintained a life in your home country while in the US.

1. Did you have a job in your home country? Yes ☐ No ☐2. Do you intend to return to that job when you leave the US? Yes ☐ No ☐3. Do you have a permanent address in your home country? Yes ☐ No ☐4. Do you intend to return to this address when you leave the US? Yes ☐ No ☐5. Did you pay money towards a household in your home country while in the US? Yes ☐ No ☐6. Are you entitled to vote in your home country? Yes ☐ No ☐7. Do you have a bank account in your home country? Yes ☐ No ☐8. Did you receive mail to your home address while in the US? Yes ☐ No ☐**EMPLOYMENT INFORMATION:**1st Company Name:

Final work date: DAY / MONTH / YEAR

City:

State:

Tel:

Do you have your W2 Form?

Yes ☐ No ☐If no, would you like us to get a replacement for you?* Yes ☐ No ☐2nd Company Name:

Final work date: DAY / MONTH / YEAR

City:

State:

Tel:

Do you have your W2 Form?

Yes ☐ No ☐If no, would you like us to get a replacement for you?* Yes ☐ No ☐

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

*Document retrieval fee applies



CUSTOMER AGREEMENT

I confirm that

1. I understand that taxback.com is a trading name for the services of Taxback Inc., Chicago, USA, and hereby contract with Taxback Inc. to carry out the services described herewith.
2. I understand that Taxback Inc will utilize its parent company Taxback and its subsidiary and affiliate companies to gather information regarding the services where necessary and that the contract remains with Taxback Inc for the duration of the service.
3. I have signed the necessary power of attorneys to authorize Taxback. Inc, and / or its subsidiary undertakings trading as taxback.com 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. I understand that once my refund is processed, I will be contacted by the Agent with regard to payment options for receiving my refund and will be able to provide my bank details.
9. 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.
10. 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.
11. 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.
12. 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.
13. I agree to and accept the terms and conditions of service as written online at www.taxback.com and to any changes in the terms and conditions which Taxback Inc may affect from time to time, and to the fees of the agent which represents the services I have requested and which are provided by Taxback Inc and/or its affiliate companies.
14. I understand that information collected in writing and/or verbally for US tax return filing services can and may be used for internal auditing purposes by taxback.com and provided to the US Tax Authorities (IRS and State Tax Authorities) for external auditing purposes, subject to relevant data protection legislation.
15. I confirm that I have given the Agent all information needed and available to me.
16. I commit to updating the Agent of any change in my contact details.

Name in print: _____ Date: _____
Signature: _____ Social Security Number: _____

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E-mail: info@taxback.com

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date / /

► Type or print. ► See the separate instructions.

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 must sign and date this form on page 2, line 7.

Taxpayer name and address

Identifying number

TB Refund, IDA Business & Technology Park, Ring Road,
Kilkenny, Ireland

Daytime telephone number

Plan number (if applicable)

hereby appoints 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

AK Tax Services, Inc., 1835 N. Milwaukee,
Chicago, IL 60647

Check if to be sent notices and communications ☐

CAF No. _____

PTIN _____

Telephone No. _____ 773 252 808

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

Taxback Inc., 333 N. Michigan Ave., Suite 2415,
Chicago, IL 60601

Check if to be sent notices and communications ☐

CAF No. _____

PTIN _____

Telephone No. _____ 888 203 8900

Fax No. _____ 312 873 4202

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer before the Internal Revenue Service for the following matters:

3 Matters

Description of Matter (Income, Employment, Excise, Whistleblower, PLR, FOIA, Civil Penalty, etc.) (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see the instructions for line 3)
INDIVIDUAL INCOME TAX	1040, 1040-NR	2011, 2010, 2009, 2008
FICA TAX	843, 8316	2011, 2010, 2009, 2008

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.

Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I 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 representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) are not authorized to substitute another representative or add additional representatives, to sign certain returns, or to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

- ☐ Disclosure to third parties; ☒ Signing a return; ☐ Substitute or add representatives;
☐ Other _____ (see instructions for more information)



Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney: **This Power of Attorney is being filed pursuant to Regulations Section 1.6012-1(a)(5) by reason of continuous absence from the USA.**

- 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.**

 _____ Signature	 _____ Date	_____ Title (if applicable)
_____ 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

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.
 - r 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-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	License/Bar or Enrollment Number (if applicable)	Signature	Date
B	ILLINOIS			
H				

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)	Social security number(s) _____ _____	Employer 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 Taxback Inc., 333 North Michigan Ave., Suite 2415 Chicago, IL 60601	CAF No. _____ Telephone No. 888 203 8900 Fax No. 312 873 4202 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	2011, 2010, 2009, 2008	

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 ► ☐

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.**



Signature

Date

Signature

Date

Print Name

Title (if applicable)

Print Name

Title (if applicable)

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

Change of Address

OMB No. 1545-1163

▶ Please type or print.

▶ See instructions on back. ▶ Do not attach this form to your return.

Before you begin: If you are changing both your home and business address, use a separate Form 8822 to report each change.

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, 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
5a Your prior name. See instructions.	
5b Spouse's prior name. See instructions.	
6a Old address (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	
6b Spouse's old address, if different from line 6a (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	

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

TB REFUND, IDA BUSINESS & TECHNOLOGY PARK, RING ROAD, KILKENNY, 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, room or suite no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	
13 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	
14 New business location, if different from mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, see instructions.	

Part III Signature

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

**Sign
Here**



Your signature

Date

If joint return, spouse's signature

Date



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

Title



POWER OF ATTORNEY

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Kilkenny
Ireland
Tel: 353 1 887 1999
Fax: +353 1 670 6963
E-mail: info@taxback.com

I, _____, FULL NAME, Date of Birth: MONTH / DAY / YEARSSN (last 4 digits)

hereby appoint the following representative as attorney-in-fact:

Taxback Inc.
333 N. Michigan Avenue
Suite 2415
Chicago IL 60601

to act as my legal representative before my employer(s), to perform any and all acts I can perform with regards to the following matters:

- (a) to review, receive and collect original and copied W-2 forms, tax information statements, earnings statements and any other payroll, tax and income related forms and information.
- (b) to deal with my Social Security and Medicare (FICA) tax rebate and to receive tax information and refund checks issued in my name at the address stated above.

This Power of Attorney shall become effective immediately on the date signed and shall terminate on the date these matters are completed.

This Power of Attorney revokes all prior Power of Attorney(s) filed.

I am fully informed as to all the contents of this form and understand the full import of granting these powers to my representative.

Signed: _____

Date: _____ MONTH / DAY / YEAR