

Регистрационная форма

Возврат подоходного налога



ЗАПОЛНЯЯ ФОРМУ, ПОЖАЛУЙСТА ПИШИТЕ АНГЛИЙСКИМИ БУКВАМИ

www.rttax.com

Имя:

Отчество:

Фамилия:

Дата рождения: 19 __ / __ / __ Тел./моб.: _____

Адрес эл. почты: _____

Способ возврата: Традиционный Быстрый Возвращая налоги **быстрым способом**, Вы должны предоставить формы W2 от всех работодателей.

Номер Social Security: - -

Дата прибытия в США: 20 __ / __ / __ Дата отъезда из США: 20 __ / __ / __

За какие годы Вы хотели бы вернуть налоги? _____

Обращались ли Вы раньше по поводу возврата этих налогов в другую компанию или сами? Да
Нет

Количество Ваших работодателей: _____ В каких штатах Вы работали: _____

Информация о работодателях

Вы должны указать ВСЕХ РАБОТОДАТЕЛЕЙ. Неточности могут затруднить возврат налогов.

1. Компания: _____

Адрес: _____

Тел.: _____

Эл. почта: _____

2. Компания: _____

Адрес: _____

Тел.: _____

Эл. почта: _____

Примечания клиента:

RT Tax notes:
Income:
Taxes paid:

3. Компания: _____

Адрес: _____

Тел.: _____

Эл. почта: _____

4. Компания: _____

Адрес: _____

Тел.: _____

Эл. почта: _____

Подписав эту форму, я подтверждаю, что вся мною предоставленная информация верна.

Подпись: _____

Дата: 20 __ / __ / __

ФОРМА ПРОШЕНИЯ О ВОЗВРАТЕ НАЛОГОВ

ЗАПОЛНЯЯ ФОРМУ, ПОЖАЛУЙСТА ПИШИТЕ АНГЛИЙСКИМИ БУКВАМИ



ВАШЕ ИМЯ:

_____ (Имя, отчество, фамилия)

Выберите один

ВАРИАНТ 1: Я ЖЕЛАЮ ПОЛУЧИТЬ ВОЗВРАЩЕННЫЕ НАЛОГИ НА МОЙ БАНКОВСКИЙ СЧЕТ

из двух вариантов:

ВАРИАНТ 2: Я ЖЕЛАЮ ПОЛУЧИТЬ ВОЗВРАЩЕННЫЕ НАЛОГИ ЧЕКОВ

ВАЖНО:

- Если Вы выбрали **1 Вариант**, заполните обе секции **А** и **В**
- Если Вы выбрали **2 Вариант**, заполните только секцию **А**

Секция А: Ваш домашний адрес

ВАЖНО:

- Чек Вам будет выслан по адресу который Вы предоставите ниже
- Если ваш адрес поменяется, пожалуйста сообщите нам об этом по адресу info@rttax.com

_____ (улица, номер дома, квартиры или номер комнаты)

_____ (область, деревня, город)

_____ (почтовый код и страна)

Секция В: Банковская информация

ВАЖНО:

- Перед заполнением этой части прошения Вы должны позвонить или посетить Ваш банк и выяснить какая информация необходима для перевода денег из-за границы
- Если будет представлена неправильная или неполная информация и если банку придется повторять перечисление, в том случае потребуются дополнительная банковская плата 50 USD.
- RT Tax отсчитает 10USD за перевод. RT Tax не отвечает за суму отсчитаную банком клиента.

Я СОГЛАСЕН, ЧТОБЫ ВОЗВРАЩЕННЫЕ МНЕ НАЛОГИ
БЫЛИ ПЕРЕЧИСЛЕННЫ НА БАНКОВСКИЙ СЧЕТ:

_____ (номер личного счета)

ИМЯ ВЛАДЕЛЬЦА СЧЕТА:

_____ (ИМЯ ВЛАДЕЛЬЦА СЧЕТА)

БАНК INFO:

_____ (Полное название банка)

_____ (Код SWIFT банка)

АДРЕС БАНКА:

_____ (Код банка)

РЕКВИЗИТЫ КОРРЕСПОНДЕНТСКОГО БАНКА:

_____ (Полное название банка)

_____ (адрес банка)

_____ (Код SWIFT банка)

В какой валюте Вы желаете получить перечисление:

USD

ВАЖНО: Не забудьте заполнить **СЕКЦИЮ А**, так как часть Ваших налогов может быть выслана на Ваш домашний адрес!

Подписав эту форму, я подтверждаю,
что вся мною предоставленная информация верна.
Соглашаюсь со всеми условиями написанными в этой форме.

Подпись _____

Дата: 20 __ / __ / __

Agreement

Place: Signed this day of, 20.....

RTT Inc, with a registered address 2377 Vista Dr, Woodridge IL 60517, USA represented by owner Mr. Audrius Memenas, hereinafter named SERVICE PROVIDER, and, passport number, hereinafter named CUSTOMER, have concluded the following agreement:

1. Subject of the Agreement

1.1. SERVICE PROVIDER obliges itself according to the order of the CUSTOMER to draw up the documents necessary for the refund of the taxes of the CUSTOMER paid in the United States of America (USA), England or Ireland under legal labour relations and to present them to the corresponding tax institutions and the CUSTOMER obliges himself to pay for the rendered services.

2. Obligations of the Parties

SERVICE PROVIDER rights and obligations:

2.1.1. To complete and process all the required documents and present them to the corresponding tax institutions for the tax refund.

2.1.2. To use its authority under the power of attorney for the preparation, signing and filing of tax returns and for receiving and endorsing (if necessary) tax refund checks or receiving tax refunds to it's own bank account.

2.1.3. Having deducted the commission payment for the rendered service to pay to the CUSTOMER the remaining part of refunded taxes.

2.1.4. To fax, email or mail this signed Agreement to the CUSTOMER at any time upon request.

CUSTOMER rights and obligations:

2.2.1. To present to the SERVICE PROVIDER all the required documents and to sign necessary documents and forms for the performance of the service defined in this agreement.

2.2.2. To provide SERVICE PROVIDER true, accurate and correct information necessary for the completion of the tax refund.

2.2.3. By signing the power of attorney to give the SERVICE PROVIDER the authority to prepare, sign and file tax return, to receive and endorse (if necessary) tax refund checks or receive tax refunds to it's own bank account.

2.2.4. During the period of validity of this agreement not to apply for the tax refund and not to sign agreements with other juridical or natural persons regarding the rendering of analogous service.

2.2.5. To pay to the SERVICE PROVIDER a payment of 9% (USA returns), 11 % (England, Ireland returns) from the refunded tax amount, but not less than an amount of 50 USD (USA returns), 35 GBP (England returns), 40 EUR (Ireland returns).

2.2.6. The payment for Social Security & Medicare tax refund is charged separately and it is 10% from the refunded amount, but not less than an amount of 50 USD.

2.2.7. Not to spread and not to use for his/her own aims or the interests of others the commercial and technological secrets of the SERVICE PROVIDER which become known during the performance of this agreement.

2.2.8. CUSTOMER is entitled to withdraw from this Agreement at no cost as long as a tax return has not been filed. Such notice of withdrawal can be made by telephone call, email, or in writing.

3. Consideration

3.1. The payment set in the paragraphs 2.2.5. and 2.2.6. of this agreement will be taken from the CUSTOMER'S refund and the balance will be issued to the CUSTOMER by the bank transfer to the CUSTOMER'S bank account or the personal check will be issued.

3.2. SERVICE PROVIDER is not responsible for the fees, which are charged by the CUSTOMER'S bank.

3.3. The SERVICE PROVIDER is entitled to deduct from the CUSTOMER the fees and costs, which occurred in the refund process and could not be foreseen at the moment of signing of this agreement.

4. Manner of Settling Disputes

4.1. The disputes arising between the parties regarding this agreement or during the performance of this agreement are settled in the way of negotiations. In the case of failure to come to an agreement the disputes are settled in court.

5. Force majeure

5.1. The party is excused from responsibility for the failure to fulfill the agreement if it proves that the agreement had not been fulfilled due to the circumstances which it could not control and reasonably foresee at the moment of concluding the agreement and that it could not prevent the appearance of these circumstances or their consequences.

5.2. The party, which has not fulfilled the agreement, must inform the other party on the appearance of force majeure circumstances and their influence to fulfilling of this agreement.

6. Conditions Eliminating Responsibility

6.1. In the event of amendment of USA, England or Ireland laws, rules and regulations, manner of refunding taxes or due to the circumstances, which was not known to the SERVICE PROVIDER, the SERVICE PROVIDER is not responsible for any negative consequences, which the CUSTOMER underwent due to the amendment of USA, England or Ireland laws, rules and regulations or manner of refunding taxes.

6.2. SERVICE PROVIDER is not responsible for the delays in refunding taxes if USA, England or Ireland tax institutions cause it.

6.3. SERVICE PROVIDER is not responsible for the failure to refund taxes, or for the tax liability, or for any other negative consequences, which occurred due to false, inaccurate or incomplete information provided by the CUSTOMER or due to CUSTOMER'S prior financial commitments to USA, England or Ireland institutions.

7. Duration of the Agreement and Other Conditions

7.1. The agreement comes into force beginning with the date of its signing and is valid till the obligations taken upon the parties are completely fulfilled.

7.2. All the amendments or supplements of this agreement are valid only in the case if they have been drawn up in writing and signed by representatives authorized by the parties of the agreement.

7.3. SERVICE PROVIDER is entitled to withdraw from this agreement if CUSTOMER breaches his/her obligations.

8. The particulars and signatures of the parties:

SERVICE PROVIDER

CUSTOMER

RTT Inc.
2377 Vista Dr
Woodridge IL 60517
USA

Director: Mr. A. Memenas



.....
(please print your full name)

.....
(passport number)

.....
(signature)

- 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.

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
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

POWER OF ATTORNEY

I, the undersigned , date of birth ,
NIN, PPS or Social Security number , residing at
.....(hereinafter referred to as the “Principal”),
hereby grant a power of attorney to the company RTT, Inc its officers and / or employees with its registered address
at 2377 Vista Dr, Woodridge, IL 60517, duly represented by Mr. Audrius Memenas, company executive director
(hereinafter referred to as the “Agent”), to sign, verify and file all the principal’s federal, state, social security and
medicare, local income, individual repayment claims and other tax returns; pay all taxes; claim, sue for and receive all
tax refunds; 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 sign and deliver all tax powers of attorney on behalf of the principal
that may be necessary for such purposes; waive rights and sign all documents on behalf of the principal as required to
settle, pay and determine all tax liabilities; 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 RTT, Inc its officers and / or employees are given the authority:

1. To act as an agent in dealing with Principal’s income tax return applications for the tax years 2002-2008.
2. To request from the employer and to receive Principal’s W2 to it’s own address: RTT, Inc. P.O. Box 5340, Woodridge, IL 60517.
3. To request from the employer and to receive Principal’s P-45/P-60 to it’s own address: RTT, Inc. P.O. Box 219, Kaunas LT-44001, Lithuania.
4. To use own postal address on the Principal’s tax returns. To receive all correspondence from the IRS and State Tax Authorities. To receive Personal Income Tax refund checks issued in Principal’s name.
5. To deposit Principal’s Income Tax refunds to it’s own account and convey such refunds to the Principal by way of a bank transfer, check or to handle in another manner so as to achieve the same purpose.

The undersigned does hereby appoint RTT, Inc officers and / or employees as his/her attorney to receive, endorse, and collect checks payable to the order of the undersigned.

All rights, powers and authority of RTT, Inc its officers and / or employees to exercise the prerogatives granted herein shall commence and be in full force and effect and remain in full force and effect for a period of twenty four months of the date of its signing.

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

Signature of the principal: