

REGISTRATION FORM
USA Tax Refund



www.rttax.com

First (Given) Name: **B A R T**

Middle Name: **H O M E R**

Surname (Last) Name: **S I M P S O N**

Date of birth: **1 9 8 5 / 0 1 / 0 1** Tel./Mob.: **+123456789**

E-mail address: **email@email.com**

Refund type: **REGULAR** **FAST** You must have W2 forms from all employers to use FAST refund service!

Social Security Number: **1 2 3 - 4 5 - 6 7 8 9**

Arrival to the USA date: **2 0 0 7 / 0 6 / 0 1** Leaving the USA date: **2 0 0 7 / 0 8 / 3 1**

For what year(s) you claim your TAX Refund? **2007**

Did you apply for this tax refund at another company or by yourself before? **Yes** **No**

How many employers did you have: **2** What State have you worked in: **Ohio**

Employer Information

You must list ALL THE EMPLOYERS. Failure to do so may cause problems to get a tax refund.

1. Company: McDonalds
Address: **Ocean Drive, Shopping Plaza, Atlantic Town, OH**
Tel.: **987654321**
E-mail: **email@email.com**

2. Company: Walmart
Address: **99 Maddison Ave, Springfield, OH**
Tel.: **987654321**
E-mail: **email@email.com**

3. Company:
Address: _____
Tel.: _____
E-mail: _____

4. Company:
Address: _____
Tel.: _____
E-mail: _____

Client notes:

RT TAX notes:
Income:
Taxes paid:

By signing this forms I declare that all the information supplied by me on this form is correct and complete. Signature: **Bart Simpson** Date: **2007/10/20**

REFUND REQUEST FORM



YOUR NAME: BART HOMER SIMPSON
(NAME, MIDDLE NAME AND SURNAME)

Choose one of two options: Option 1: I want to get my refund to my bank account
Option 2: I want to get my refund by check to my home address

IMPORTANT:

- If you have chosen **Option 1**, you must complete both sections: **A and B**
- If you have chosen **Option 2**, you must complete only section **A**

Section A: Your home address

IMPORTANT:

- Your refund check will be mailed to the address you provide bellow.
- If your address changes, please inform us as soon as possible at info@rttax.com

1 OLIVE STREET
(street, house number, flat or room number)
CAMBRIDGE
(region, village, town or city)
AUSTRALIA
(post code and country)

Section B: Your bank information

IMPORTANT:

- Before filling this part you have to call or visit your bank and find out how to make a transfer to your bank if payment is coming from foreign country.
- If incorrect or not full information is provided there will be additional bank charge of 50USD if bank needs to repeat the transfer.
- RT Tax will charge 10USD bank transfer fee. RT Tax is not responsible for any fees charged by the client's bank.

I AGREE, THAT MY TAX REFUND IS TO BE

TRANSFERRED TO THE BANK ACCOUNT: XXX123456789
(PERSONAL ACCOUNT NUMBER)

ACCOUNT HOLDER'S NAME: BART HOMER SIMPSON
(NAME OF THE ACCOUNT HOLDER)

BANK INFO: SPRINGFIELD BANK SPRXXX
(FULL BANK NAME) (BANK SWIFT CODE)

BANK ADDRESS: 1 MARGIE ROAD
SPRINGFIELD
AUSTRALIA
(BANK CODE)

CORRESPONDENT BANK DETAILS: CITY BANK
(FULL BANK NAME)

CITYXXX
(BANK SWIFT CODE)

NEW YORK, USA
(BANK ADDRESS)

What currency would you like the payment to be made in: USD EURO GBP

IMPORTANT: Do not forget to complete SECTION A, as part of your refund may be sent to your home address!

By signing this form I declare that all the information supplied by me on this form is correct and complete. I agree to all the terms and conditions pointed on this form.

Signature: Bart Simpson

Date: 20 07 / 11 / 20

Place: AUSTRALIA

Agreement

Signed this 20 day of OCTOBER, 2007

RTT Inc, with a registered address 2377 Vista Dr, Woodridge IL 60517, USA represented by owner Mr. Audrius Memenas, hereinafter named SERVICE PROVIDER, and BART HOMER SIMPSON, passport number BS 1234567, 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

2.1. 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 its 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.

2.2. 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 its 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

RTT Inc.
2377 Vista Dr
Woodridge IL 60517
USA
Director: Mr. A. Memenas



CUSTOMER

Bart Homer Simpson
(please print your full name)
BS 1234567
(passport number)
Bart Simpson
(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.

X Bart Simpson 2007 10 20 _____
 Signature Date Title (if applicable)

X BART HONER SIMPSON _____
 Print Name PIN Number Print name of taxpayer from line 1 if other than individual

 Signature Date Title (if applicable)

 Print Name 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 BART HOMER SIMPSON , date of birth 1985/01/01 , NIN, PPS or Social Security number 123456789, residing at 1 Olive Street Cambridge, Australia (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 and 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 20 day of OCTOBER, 2007 .

Signature of the principal: Bart Simpson