

US TAX RETURN QUESTIONNAIRE

PERSONAL INFORMATION

Full name		Date of Birth	mm/dd/yyyy
Occupation	Nationality	SSN/ITIN	_____
Telephone	Mobile	Email	
Address			
Filing Status Preferences: Single <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Married Filing Joint* <input type="checkbox"/> Widow(er) <input type="checkbox"/> Head of Household <input type="checkbox"/>			

**If you decide to file a joint return with your spouse, combined world-wide income should be disclosed. If your marital status has changed during the tax year, please, specify.*

SPOUSE INFORMATION

Full name		Date of Birth	mm/dd/yyyy
Occupation	Nationality	SSN/ITIN	_____

CHILD AND DEPENDENTS INFORMATION*

Full name:	SSN/ITIN	Date of Birth	Full time student?	Relationship to you	Number of months lived with you during the taxyear
	_____	mm/dd/yyyy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	_____	mm/dd/yyyy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	_____	mm/dd/yyyy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	_____	mm/dd/yyyy	Yes <input type="checkbox"/> No <input type="checkbox"/>		

** If more than 4 dependents provide additional information on a separate sheet.*

VISA, ENTRY AND EXIT DATES INFORMATION

USA entry date	USA exit date	Destination, visa type (if applicable) and purpose of visit:
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	

** If more visits, please, provide additional information on a separate sheet.*

ADDITIONAL PERSONAL AND FILING INFORMATION

Is this the first year you are filing a tax return as US resident for tax purposes? Yes No

If no, please, state the year(s) you have already applied for and provide copies: _____

Can you be claimed as a dependent on another person's US tax return? Yes No

Are you a full-time student? Yes No

Are you blind or disabled? Yes No

Did you file federal and state tax returns before? Yes No

If yes, send us copy of the last tax returns filed.

Tax year you want your tax return prepared for: _____

Have you established a tax home outside the US? Yes No

If yes, what country and when did you established a tax home in that country: _____

What were your living arrangements in the non-US country during the tax year you are applying for:

Purchased house Rented house or apartment Rented Room Quarters furnished by employer

HEALTH COVERAGE INFORMATION

Did you have Health Coverage in US for the tax year you are applying for? Yes No

Part of the year (indicate the months you had Health Coverage for): _____

Did your spouse have Health Coverage in US for the tax year you are applying for? Yes No

Part of the year (indicate the months you had Health Coverage for): _____

Did your dependents have Health Coverage in US for the tax year you are applying for? Yes No

Part of the year (indicate the months you had Health Coverage for): _____

OTHER COUNTRIES INFORMATION

Have you worked outside the US during the tax year(s) you need returns prepared for? Yes No

If yes, which country/countries: _____

Have you filed a non-US tax return for the tax year(s) you are filing US tax return(s)? Yes No

If yes, with which country/countries Revenue office: _____

Please, provide a copy of all non-US returns you have filed for the tax years you need to file tax returns.

US INCOME

If you are a resident alien for tax purposes with US filing obligation (and/or American citizens living abroad, Green Card Holders, foreign-born United States residents who are not U.S. citizens), but have no US income for the tax year(s) you need to prepare tax return(s) for, check here

NOTE: Please specify if any of the amounts shown are provided in a currency different than USD.

Have you received income from employment or were you considered an employee receiving compensation at any time during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, do you have W2 forms for each such employment(s)? Yes No

If no, do you have final cumulative pay slips for each such employment(s)? Yes No

Please, provide copies of W2 and/or final cumulative pay slips for each such employment.

Have you received nonemployee (self-employed) income during the tax year(s) you need to prepare tax return(s) for? Yes No

Have you received a 1099-MISC or any other document and/or records showing the nonemployee compensation/self-employed income you have received? Yes No

Please, provide copies of payment documents if you have them as well as amount(s) you received during the tax year(s) you need to prepare tax return(s) for at the end of the questionnaire along with any expenses you incurred to operate as a self-employed person .

Have you received rental income from a property located inside the US? Yes No

If yes, please, complete additional Rental Income Information questionnaire.

Portfolio/ Brokerage Account information for the tax year(s) you need to prepare tax return(s) for:

Have you received dividends income? Yes No

Have you received interest income? Yes No

Have you received investment income? Yes No

Have you received capital gains*? Yes No

***If you have received capital gain on the sale of primary personal residence check here:**

If yes, please, send your 1099-B forms, 1099-INT or 1099-OID and 1099-DIV respectively.

Have you been repaid prior year's state refund during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, how much: _____

Have you received IRA distributions during the tax year(s) you need to prepare tax return(s) for? Yes No

Have you received pensions and annuities during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, do you have 1099-R? Yes No **If yes, please, send your 1099-R form.**

Have you received unemployment compensation during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, have you received 1099-G? Yes No **If yes, please, send a copy of 1099-G.**

US INCOME CONTINUED

Have you received alimony during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, how much: _____

Have you received Social Security Benefits during the tax year(s) you need to prepare tax return(s) for? Yes No

Have you received SSA-1099 form? Yes No *If yes, please, send us a copy of SSA-1099.*

Have you received scholarship or fellowship grants during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, how much was the scholarship and grant for: _____

Have you received statement(s) showing the amounts? Yes No *Please, send us copies of such statement(s).*

Did you receive income from partnerships, trusts or estates during the tax year(s) you need to prepare tax return(s) for? Yes No

Did you receive income from partnerships, trusts or estates during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, have you received Schedule K-1 and/or other income statement respectively? Yes No

Other types of income: _____

Have you received Gambling income during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, have you received W2-G? Yes No *If yes, please, send a copy of W2-G.*

Have you received awards or prizes during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, how much? _____ and what was it for _____

If you have statement(s) showing the amount(s) you received, please, send a copy of each such statement.

Any other type of income you have received during the tax year(s) you need to prepare tax return(s) for not listed above: _____

ADJUSTMENTS AND CREDITS

Have you paid alimony during the tax year(s) you need to prepare tax return(s) for?* Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*If divorce or separation instrument is executed before 12/31/2018</i>
Did you have unreimbursed medical expenses during the tax year(s) you need to prepare tax return(s) for? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? _____
Did you have State and local property taxes not paid or accrued in carrying on a trade or business during the tax year(s) you need to prepare tax return(s) for? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much and what type: _____
Did you have State and local income, war profits, and excess profits taxes (or sales taxes in lieu of income, etc. taxes) paid or accrued in the tax year(s) you need to prepare tax return(s) for? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much: _____
Have you paid mortgage interest on a loan used to buy, build or substantially improve your main home and/or second home during the tax year(s) you need to prepare tax return(s) for? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much: _____
Have you made gifts to charity, cash and non-cash during the tax year(s) you need to prepare tax return(s) for? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much and to what organization: _____
Have you experienced losses attributable to a disaster declared by the President area during the tax year(s) you need to prepare tax return(s) for? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please, give details: _____
Did you have qualifying child (son, daughter, stepchild, foster child, adopted child, brother, sister, stepbrother, stepsister) or a descendant of any of them (a grandchild, niece, or nephew) who hasn't provided more than half of his/her support; lived with you for more than half an year, you claim them as a dependent on your return, and such person is a US citizen or a resident of the US during the tax year(s) you need to prepare tax return(s) for? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you incur any child or dependent expenses during the tax year(s) you need to prepare tax return(s) for? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please, provide the following:</i>
Care provider name: _____
Care provider address: _____
Care provider identification number (Social Security Number or Employer Identification Number): _____
Amount of qualifying expenses you paid: _____
Did you receive dependent care benefits during the tax year(s) you need to prepare tax return(s) for? Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount of total dependent care benefits you received during the tax year(s) you need to prepare tax return(s) for: _____
Part of the total amount you received as an employee (don't include amounts added to Box 1 wages of your W2 (If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership): _____
Have you claimed Earned Income Credit, Educational Credit, Child Tax Credit and Additional Child Tax Credit that has been disallowed or adjusted by the Internal Revenue Service? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please, advise for what year and reason for adjustment: _____

NON-US INCOME

Have you received income from employment or were you considered an employee receiving compensation at any time during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, do you have Year-To-Date cumulative payment documents for each such employment(s)? Yes No

If yes, please, provide copies of the payment documents for each such employment.

Provide the following employer's information:

Name: _____

Address: _____

Entity type: Non-US entity Foreign affiliate of a US company US company

Have you received nonemployee (self-employed) income during the tax year(s) you need to prepare tax return(s) for? Yes No

Have you received payment documents and/or records showing the nonemployee compensation/self-employed income you have received? Yes No

If yes, please, provide copies of such documents. If no, please, provide amount(s) you received during the tax year(s) you need to prepare tax return(s) for:

Please, provide a list with the expenses you incurred to perform the services as a non-employee or self-employed person.
 Type of service you provided: _____

Have you received rental income from a property located outside the US? Yes No

If yes, please, complete additional Rental Income Information questionnaire.

Portfolio/ Brokerage Account information for the tax year(s) you need to prepare tax return(s) for:

Have you received dividends income? Yes No

Have you received interest income? Yes No

Have you received investment income? Yes No

Have you received capital gains*? Yes No

If yes, please, send statements.

Have you received retirement distributions during the tax year(s) you need to prepare tax return(s) for? Yes No

Have you received pensions and annuities during the tax year(s) you need to prepare tax return(s) for?
 If yes, do you statement(s)? Yes No ***If yes, please, send statements.***

Have you received unemployment compensation during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, have you received statement(s)? Yes No ***If yes, please, send a copy of unemployment compensation.***

NON-US INCOME CONTINUED

Have you received alimony during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, how much? _____

Have you received Social Security Benefits during the tax year(s) you need to prepare tax return(s) for? Yes No

Have you received a statement? Yes No

If yes, please, send us a copy of the statement.

Have you received scholarship or fellowship grants during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, how much was the scholarship and grant for: _____

Have you received statement(s) showing the amounts? Yes No

Please, send us copies of such statement(s).

Did you receive income from partnerships, trusts or estates during the tax year(s) you need to prepare tax return(s) for?

If yes, have you received income statement(s) showing the income paid? Yes No

If yes, please, send copies of statements.

OTHER TYPES OF INCOME

Have you received Gambling income during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, have you received a statement? Yes No *If yes, please, send a copy of the statement.*

Have you received awards or prizes during the tax year(s) you need to prepare tax return(s) for? Yes No

If yes, how much? _____ and what was it for _____

Any other type of income you have received during the tax year(s) you need to prepare tax return(s) for not listed above: _____

NON-US FINANCIAL INFORMATION

Was the combined value of all foreign financial accounts* (savings and checking bank accounts, time deposits, securities accounts, commodities, futures and options, insurance policies with cash value and mutual funds) you own, or have signature authority for, in excess of USD 10,000 (or the equivalent of USD in foreign currency) at any time during the year you are applying for? Yes No

**Including the foreign branches of a US bank.*

If yes, was the combined value of all financial accounts mentioned above as well as foreign stock held in a foreign brokerage account, foreign stock held outside a foreign brokerage account, foreign partnership interest, foreign accounts, non-accounts investments held by foreign or domestic grantor, trusts where you are the grantor, foreign hedge and life and private equity funds, more than USD 50,000 at the end of the year or more than USD 75,000 at any time during the year (single filers) and USD 100,000 at the end of the year or USD 150,000 (married filing jointly filers) for individuals living in the US. For individuals who have lived outside the US for more than 330 days during the taxable year, the amounts are USD 200,000 at the end of the year or USD 300,000 at any time during the tax year (for single filers) and USD 400,000 at the end of the year or USD 600,000 at any time during the year (for married filing jointly filers)? Yes No

If you have answered yes to the first question, did you have financial interest in 25 or more financial accounts during the tax year? Yes No

REPORTING INFORMATION

Tax period: _____

Type of account owned: Separately owned: Jointly owned: Signature Authority:

Maximum value of account for the period listed above: Currency: _____ Value: _____

Type of account: Bank: Time Deposits: Securities Accounts: Commodities: Futures and Options:
 Insurance Policies with cash value: Mutual Funds:

Name of entity:

Address:

Account number or other designation:

Full name of joint owner(s):

Joint Owner US Taxpayer Identification Number (if any) or Foreign identification number:

Address of joint owner:

If more than one account, please, attach a new page and provide the information on all accounts.

SELF-EMPLOYMENT INFORMATION

Under what name are you operating your self-employment activities: _____

Have you registered an entity to operate your self-employment business? Yes No

Have you been issued an Employer Identification Number (EIN): _____

Address of business:

Principal business or profession, including product or service:

What type of accounting method do you use: Cash* Accrual** Other

** Income is constructively received when it is credited to your account or set aside for you to use.
** Report income when earned and deduct expenses when incurred even if not paid during the tax year.*

Have you started or acquired the business during the tax year you applying for? Yes No

Did you make any payments during the tax year that would require you to file 1099 Form? Yes No

If yes, did you file the required 1099 Forms? Yes No

Gross receipts or sales:

Sales returns and allowances*:

** A sales return is a cash or credit refund you gave to customers who returned defective, damaged, or unwanted products. A sales allowance is a reduction in the selling price of products, instead of a cash or credit refund.*

If you sell goods what was the inventory value at the beginning of the year:

What is the inventory value at the end of the year:

Other Income:

SELF-EMPLOYMENT EXPENSES		
<input type="checkbox"/>	Advertising	Amount:
<input type="checkbox"/>	Car and truck ¹	Amount:
<input type="checkbox"/>	Commissions and fees	Amount:
<input type="checkbox"/>	Contract labor ²	Amount:
<input type="checkbox"/>	Employee benefit programs ³	Amount:
<input type="checkbox"/>	Insurance (other than health)	Amount:
<input type="checkbox"/>	Interest	Type: _____ Amount:
<input type="checkbox"/>	Mortgage (paid to banks, etc.)	Amount:
<input type="checkbox"/>	Other mortgage	Amount:
<input type="checkbox"/>	Legal and professional services	Amount:
<input type="checkbox"/>	Office expense	Amount:
<input type="checkbox"/>	Pension and profit-sharing plans	Amount:
<input type="checkbox"/>	Rent or lease (vehicles, machinery, and equipment)	Amount:
<input type="checkbox"/>	Rent or lease on other business property	Amount:
<input type="checkbox"/>	Repairs and maintenance	Amount:
<input type="checkbox"/>	Supplies	Amount:
<input type="checkbox"/>	Taxes and licenses	Amount:
<input type="checkbox"/>	Travel	Amount:
<input type="checkbox"/>	Meals ⁴	Amount:
<input type="checkbox"/>	Utilities	Amount:
<input type="checkbox"/>	Wages (less employment credits)	Amount:
<input type="checkbox"/>	Other expenses	Type: _____ Amount:

- (1) The business portion of expenses for gasoline, oil, repairs, insurance, license plates, etc.
- (2) Contract labor includes payments to persons you do not treat as employees for services performed for your trade or business.
- (3) Contributions to employee benefit programs that are not an incidental part of a pension or profit-sharing plan.
- (4) This includes expenses for meals while traveling away from home for business, but not entertainment expenses.

RENTAL INCOME INFORMATION

Are you the sole owner of a rental property located inside or outside the US? Yes No

If no, please, provide additional owner information below.
**If more than two owners, please, provide the information for any subsequent owner on a separate sheet.*
**If you are unable to provide the exact information requested below, supporting documents of the information requested must be provided. Additional charge occurs for disorganized information and documentation.*

ADDITIONAL OWNER DETAILS

Full name:	Date of Birth: mm/dd/yyyy
Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/>	Nationality:
US Taxpayer Identification Number if any (ITIN, SSN):	
Address:	
Telephone:	Mobile Telephone:
E-mail address:	
Please, list the tax year(s) for which you need to report rental income:	
Does the additional owner have US visa? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If yes, please, complete below.

LIST US ENTRY AND EXIT DATES FOR THE ADDITIONAL OWNER

USA Entry Date	USA Exit Date	Destination, visa type (if applicable) and purpose of visit:
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	

**If more visits, please provide additional information on a separate sheet.*

PROPERTY DETAILS

Type of Property: House and Land House only Land only Apartment Condominium
 Bed and breakfast Other Specify: _____

Full address of property: _____

Property ownership percentage: Primary Owner: _____% Secondary Owner: _____% Additional owner(s) (if any): _____%

If property is building and land, please, specify the percentage that corresponds to the building and the land from the property's acreage:	Building:	Land:
	_____ %	_____ %

Property purchased price*: _____ of which own funds: _____ and borrowed funds: _____

****If property was inherited, please, provide the Fair Market Value of the property on the date of the decedent's death or if an alternate valuation date was picked by the executor of the estate.
 Please, provide copy of Settlement statement for when you acquired the property.*

Date of sale transaction or inheritance: mm/dd/yyyy

If property is building and land, please, specify the percentage that corresponds to the building and the land from the property's price, if known:	Building:	Land:
	_____ %	_____ %

Taxes and fees you paid, including on behalf of the seller, when you purchased the property: _____

Was the entire property rented to a tenant? Yes No If not, specify the percentage of property rented: _____%

RENTAL DETAILS

Number of days the property was either used either partly or fully by the owner(s) private use for the years you are reporting rental income for: _____

Letting start date (as per contract or when property was available for rent, whichever is earlier): mm/dd/yyyy

Number of days property was rented to tenant(s) during the year(s) you are reporting income for: _____

Did you let the property through an agent? Yes No If yes, please, provide agent's name: _____

MORTGAGE DETAILS (LEAVE BLANK IF NOT APPLICATE)

If you have mortgage, in which country was the mortgage taken out? _____

Please, specify the date the mortgage was taken out: mm/dd/yyyy	Loan amount:
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What percentage of the loan was used to purchase the property? _____%

Is the mortgage loan secured by the property only or are you also liable for the repayment? Property Property and personal liability

RENTAL INCOME AND EXPENSES												
Income Information	January	February	March	April	May	June	July	August	September	October	November	December
Rent received												
Rent deposits held												
Expense Information												
Advertising												
Auto and Travel*												
Commissions												
Insurance												
Legal and other professional fees												
Management fees												
Mortgage interest paid to banks, etc.**												
Other interest												
Repairs												
Supplies												
Taxes												
Utilities												
Other:												
Other:												
Other:												

* You can deduct ordinary and necessary auto and travel expenses related to your rental activities, including 50% of meal expenses incurred while traveling away from home. In most cases, you can either deduct your actual expenses or take the standard mileage rate. You must use actual expenses if you used more than four vehicles simultaneously in your rental activities.

** If you have a mortgage on your rental property, enter the amount of interest you paid for the tax year in question to banks or other financial institutions within the US.

DEPRECIABLE FURNITURE AND FITTINGS AND PROPERTY IMPROVEMENTS

Have you acquired for your rental property new furnishings ((including, but not limited to new appliances, kitchen cabinets and furniture)? Yes No

If yes, please, list them below:

Type	Cost	Approximate time it was installed for use in the rental property

** If more than 10, please, provide additional information on a separate sheet.*

Have you made improvements to the property (including, but not limited to replacing old roof or adding new rooms, porch or swimming pool, building a fence and landscaping)? Yes No

If yes, please, list them below:

Type	Cost	Approximate time improvement occurred





** If more than 10, please, provide additional information on a separate sheet.*

CUSTOMER AGREEMENT

The customer agreement forms the basis of the relationship between Taxback and you. It is an important document, please read the points in full and ensure you understand them, before signing.

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 utilise 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 understand that receipts are required to substantiate any claim that I make for expenses.
4. Prior to receiving my return(s), I agree to pay the agreed fee for preparation of my US federal and / or state tax return(s).
5. I understand that the US tax authorities will make the final decision on the value of any refund or balance 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.
6. 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 effect 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.
7. 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.
8. I confirm that I have given the Agent all information needed and available to me.
9. I commit to updating the Agent of any change in my contact details.
10. I understand that the Agent will prepare the tax return(s) and provide these to me, as soon as I have been informed of the refund amount (if any) or balance due, have sent all necessary documentation and have paid the agreed fee for tax preparation.
11. I agree that in the event that I wish to cancel my application, I will contact Taxback.com immediately. I understand that while Taxback.com will make every effort to recall my application, if it has already been completed and sent to me, that may not be possible.

Name in print 	Date  mm/dd/yyyy
Signature 	Social Security Number 

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION under IRC Section 7216




To ensure your tax return is prepared in a compliant and correct manner, we draw on the expertise and experience of our international tax team. In line with Treas. Reg. Section 301.7216-3 and Rev. Proc. 2013-14, we request that you provide consent to us so that we can share and store your data, including your SSN and employment and tax data, with our international tax team to ensure your tax return is compliant.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties (our international colleagues will qualify as third parties as they are employed by Taxback international offices, not by Taxback Inc. directly) for purposes other than the preparation and filing of your tax return and, in certain limited circumstances, for purposes involving tax return preparation.

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security Number ("SSN"). Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States which will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. Section 7216) to protect privacy and prevent unauthorized access of tax return information.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

If you agree to allow Taxback to disclose your tax return information, including your SSN, to Taxback staff and affiliates for the purpose of providing assistance in the preparation of your individual income tax returns, please sign this form and print your name in capital letters.

Name in print 
Signature 
Date  mm/dd/yyyy

OUR FEE STRUCTURE IS AS FOLLOWS:

OUR FEE STRUCTURE IS AS FOLLOWS:	
Basic Expat returns	USD
US Federal return that includes the basic forms required for Expat returns that do not require a foreign tax credit computation (i.e. foreign earned income does not exceed the amount of allowable foreign income exclusion for 2018- \$103,900)	\$500
Complex Expat returns	
US Federal return that covers the basic Federal forms required for Expat returns but requires additional computations like the foreign tax credit computation (i.e. foreign earned income exceeds the amount of allowable foreign income exclusion for 2018- \$103,900)	\$650
Additional Schedules	
Add Schedule A - Itemizing deductions for charitable contributions, casualty and theft losses, medical expenses , etc.	\$50
Add Schedule B - interest and dividends from more than four different sources. There is no charge if the interest and dividend income comes from four or fewer sources.	\$50
Schedule C - small business	\$150 each
Schedule D - capital gains - (with up to four sales transactions; \$5 per additional transaction)	\$100
Schedule E - partnership K-1	\$150
Schedule E - a rental property US	\$100
Other federal forms	
Amended return Form 1040X	\$450
FBAR and/or Form 8938 (with up to four different bank accounts. \$25 per additional account)	\$50 each
International information reporting forms 5471, 8865, 8858, 3520, 926 etc.	\$500 each
Initial and Annual Expatriation Statement Form 8854	\$450
State / city returns	\$100 each
Complex State / city returns	\$200 each
Multiple years discount – 20% , available where returns for 2 or more tax years are required. This discount is applicable to the annual fees excluding any once off fees and administrative fee and does not apply where other discounts/reductions have been granted.	

Please note that fees are based on the complexity of your tax situation so if you have any additional requirements or need to avail of our advisory service, there may be an additional fee. A full quote will be given at the outset.