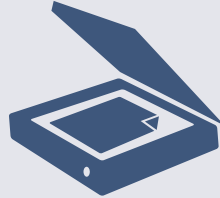


IT'S QUICK AND EASY TO ORGANIZE YOUR US INDIVIDUAL INCOME TAX RETURN WITH TAXBACK.COM. JUST FOLLOW THE STEPS BELOW:



Print and complete the forms using the checklist below to help you



Scan / copy all forms*



Email these scanned copies to usdocuments@taxback.com

*Make sure you set the paper size to A4 and the resolution to at least 300dpi. Save the file in PDF, JPG or JPEG format before you email them to us. Each file should not exceed 2MB. If you are having any difficulties with scanning your documents, please talk to us at www.taxback.com/chat or ring your local office at www.taxback.com/contactus.asp

Thank you for choosing to use taxback.com. We look forward to working with you to file your US tax return. In this pack, you will find everything you need to authorise taxback.com to file this return on your behalf. At Taxback.com, we know that not everyone's tax affairs are the same. That's why there is quite a lot of information in this pack. However, you only need to complete the sections that are relevant to you. If you'd like help with the form, let us know and we'll arrange for someone to talk you through filling it out.

CHECKLIST

Please note that we will need a fully completed pack before we can confirm your US tax position. We've prepared this checklist below so you can ensure you've completed all sections and included any required documentation.

1. **Application Form**

Please complete the page in full. The more details you provide, the faster we can process your claim.

2. **2848 Form**

Please **sign and date in ink** the form on the second page where indicated by the ✓.

Note: If you are married, each spouse must sign and date a separate copy of the 2848 form.

3. **8821 and 8822 Forms**

Please **sign and date in ink** the forms where indicated by the ✓.

4. **Customer Agreement and Power of Attorney Forms**

Please **sign and date in ink** where indicated by the ✓.

5. **7216 Form**

Please **write your name, sign and date in ink** the form where indicated by the ✓.

7. **Your payment documents**

Send us your final payment documents from each employer - W2 forms, final pay slips or any other cumulative statements of earnings supporting US source income and taxes paid in USA (such as 1099 forms, 1042-S, etc).

6. **ID**

Send us a photocopy of your US visa (or the ID page of your passport) and a copy of your social security card.

APPLICATION FORM

CONTACT INFORMATION PLEASE PRINT IN BLOCK CAPITALS

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>		First Name	Middle Initial	Surname
Date of Birth	mm/dd/yyyy	Mobile	Telephone	
Email			Marital Status:	
Postal Address	Street			Country
	City / county / district / zip code			
Nationality			How did you hear about our services?	

VISA INFORMATION

Visa Type: J1 <input type="checkbox"/> F1 <input type="checkbox"/> H1B <input type="checkbox"/> H2B <input type="checkbox"/> Q <input type="checkbox"/> L <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> Tourist <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____		Program Type: Work & Travel <input type="checkbox"/> Intern <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____	
Date of arrival in the USA	mm/dd/yyyy	Date of departure from the USA	mm/dd/yyyy
Which country do you plan to work and travel in next?			
Have you ever filed a US tax return with the IRS before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state for which year: _____			
Which tax year are you applying for now? _____		Have you applied for this tax year before? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you were in the US before the tax year you are applying for, it is important to provide information about those visits including visa type and days of presence in the US - please complete the information in the grid below:

	2017	2016	2015	2014	2013
Visa Type <small>(see list above for options)</small>					
Number of days spent in the US					

EMPLOYMENT INFORMATION

EMPLOYER 1

Company name		Occupation	
Address		Telephone	
State you worked in	First work date	mm/dd/yyyy	Final work date
			mm/dd/yyyy
Do you have your final pay check or W2? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, would you like us to get a replacement for you?* Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYER 2

Company name		Occupation	
Address		Telephone	
State you worked in	First work date	mm/dd/yyyy	Final work date
			mm/dd/yyyy
Do you have your final pay check or W2? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, would you like us to get a replacement for you?* Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you had more than 2 employers or any additional income from the US please include information on a separate page.

*Document retrieval fee applies

Power of Attorney and Declaration of Representative

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date / /

▶ Information about Form 2848 and its instructions is at www.irs.gov/form2848.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. 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	Taxpayer identification number(s)	
	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 ENCHO YORDANOV TAXBACK 14 ST STEPHEN'S GREEN, DUBLIN 2, R95 ETN5, IRELAND Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. 0312-11899R PTIN P01474659 Telephone No. +353 1 887 1999 Fax No. +353 1 670 6963 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
INDIVIDUAL INCOME TAX	1040, 1040NR, 1040NR-EZ, 1040X	2018, 2017, 2016, 2015, 2014
FICA TAX	843, 8316	2018, 2017, 2016, 2015, 2014
ITIN APPLICATION	W-7	

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 Use Not Recorded on CAF**

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties; Substitute or add representative(s); Sign a return; **THIS POWER OF ATTORNEY IS BEING FILED PURSUANT TO REGULATIONS SECTION 1.6012-1(a)(5) BY REASON OF CONTINUOUS ABSENCE FROM THE USA AS APPLICABLE TO US RESIDENTS AND SECTION 1.6012-1(b)(3) AS APPLICABLE TO NON-RESIDENTS**

Other acts authorized: RECEIPT OF REFUND CHECKS AS AGENT FOR TAXPAYER

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
 List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

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, each spouse must file a separate power of attorney even if they are appointing the same representative(s). 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 legal authority to execute this form on behalf of the taxpayer.
▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

 _____  mm/dd/yyyy _____
 Signature Date Title (if applicable)

 _____
 Print Name Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing 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—licensed to practice as a certified public accountant is active in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer’s immediate family (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—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Student Attorney or CPA—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. 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 COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date

Tax Information Authorization

► Information about Form 8821 and its instructions is at www.irs.gov/form8821.
 ► Do not sign this form unless all applicable lines have been completed.
 ► Do not use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
 Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ►

Name and address	CAF No. _____
	PTIN _____
	Telephone No. <u>888.203.8900</u>
	Fax No. <u>312.873.4202</u>
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
INDIVIDUAL INCOME TAX	1040, 1040NR, 1040NR-EZ, 1040X	2018, 2017, 2016, 2015, 2014	
FICA TAX	843, 8316	2018, 2017, 2016, 2015, 2014	
ITIN APPLICATION	W7		

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. 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 ►
- Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.
- b** If you do not want any copies of notices or communications sent to your appointee, check this box ►

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box is not checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. ►

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. 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 and tax periods shown on line 3 above.

► **IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

► **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

	mm/dd/yyyy
Signature	Date

Print Name	Title (if applicable)

Change of Address

(For Individual, Gift, Estate, or Generation-Skipping Transfer Tax Returns)

OMB No. 1545-1163

▶ Please type or print. ▶ See instructions on back. ▶ Do not attach this form to your return.
▶ Information about Form 8822 is available at www.irs.gov/form8822.

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(s). See instructions.

5b Spouse's prior name(s). See instructions.

6a Your old address (no., street, apt. no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

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, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

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

C/O TAXBACK, IDA BUSINESS & TECHNOLOGY PARK, RING ROAD, KILKENNY, R95 ETN5

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

IRELAND

Part II Signature

Daytime telephone number of person to contact (optional) ▶

Sign Here

Your signature mm/dd/yyyy
Date
If joint return, spouse's signature Date

Signature of representative, executor, administrator/if applicable Date
Title

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 have signed the necessary power of attorney(s) to authorise 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 authorise the Agent to receive all correspondence from the US tax authorities on my behalf.
5. I understand that receipts are required to substantiate any claim that I make for expenses.
6. Prior to receiving my refund, I agree to pay the agreed fee for preparation of my US federal and / or state tax return(s).
7. I understand that if I pay the fee in advance, my refund cheque will be mailed directly to the address I have provided.
8. I understand and accept that if I don't pay the fee in advance, the Agent will receive the cheque from the tax authorities and send it to me once the agent commission is transferred by me and received in the agent's bank account.
9. In the event that 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. In the event that 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 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.
13. 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.
14. I confirm that I have given the Agent all information needed and available to me.
15. I commit to updating the Agent of any change in my contact details.
16. I understand that the Agent will either submit my tax application(s) to the relevant tax office or prepare the tax return(s) and provide these to me, as soon as I have been informed of the refund amount and have sent all necessary documentation.
17. 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 sent to the tax authorities, this may not be possible.

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

POWER OF ATTORNEY

Please only fill out the fields where you see the ✓ indicated.

Taxpayer Name ✓	
Date of birth ✓ mm/dd/yyyy	SSN (last 4 digits) ✓ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 cheques 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 importance of granting these powers to my representative.

Taxpayer Signature ✓	Date ✓ mm/dd/yyyy
----------------------	-------------------

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