

Zdravo,

Hvala što ste izabrali RT Tax uz pomoć koga ćete vratiti porez koji ste, kao učesnici programa, plaćali tokom boravka u SAD. Procedura je veoma jednostavna. **Pratite sledeće korake:**

ODŠTAMPATI sve stranice ovog dokumenta

POTPISATI pored znaka "X"

SLIKATI ili **SKENIRATI** dolenađena dokumenta:

Registration Form
Power of Attorney
Form 2848
Agreement

Naći ćete ih u ovom paketu

- **W-2 formular(e) ili poslednji pay-slip(s)** (od svakog poslodavca)
- **Fotokopiju Social Security Card**
- **Fotokopiju američke vize iz Vašeg pasoša**
- **DS-2019 formular** (samo za studente sa J-1 vizom)

NAZNAKA: Iako nemate svu potrebnu dokumentaciju, možete započeti povraćaj poreza. Mi ćemo vam pribaviti dokumenta koja nedostaju.

POŠALJITE NAM DOKUMENTACIJU na jedan od sledećih načina:

- putem **INTERNETA** na: www.rttax.com (mi ćemo vam poslati vaš login i password na vaš e-mail)
- putem e-mail-a na usa@rttax.com
- poštom ili predajom ovlašćenom predstavniku RT Tax u vašoj zemlji/gradu

KARAVAN TRAVEL

SRBIJA:

Beograd
Karavan Travel
Brace Grim 20a
Tel.: (+381) 11/2762790
Tel./Fax: (+381) 11/2083963
tax@eunet.rs; karavan1@eunet.rs

Novi Sad
Karavan Travel – Novi Sad
Laze Teleckog 19
Tel./Fax.: (+381) 21/6612999
tax@eunet.rs; karavan-ns@eunet.rs

MACEDONIA:

Skopje
Narom Travel
Kuzman Josifovski Pitu 22/3
Tel.: (+389) 2/2462 116
tax@eunet.rs

Za predstavnike u Nisu, BIH i Crnoj Gori – kontaktirajte agenciju Karavan travel u Beogradu i Novom Sadu.

OPUSTITE SE! VAŠ POSAO JE ZAVRŠEN! MI ĆEMO URADITI OSTATAK!

Mi: vam šaljem e-mail sa vašom procenjenom sumom novca koja može da se povrati (Ako ne primite ovakav e-mail, molimo da nas kontaktirate na info@rttax.com ili putem interneta na www.rttax.com).

Mi: obrađujemo vaša dokumenta i saljemo ih u kancelarije U.S. Tax Authorities.

Mi: prebacujemo vaš novac na vaš račun u banci ili vam šaljem ček.

PERIOD za povraćaj poreza:

Procedura vraćanja novca u SAD počinje 1. januara, po okončanju fiskalne godine.

REGULARNI: Ovaj povraćaj poreza uglavnom traje od **90** do **120** dana, od momenta kada primimo vaša dokumenta.

UBRZANI: Ovaj povraćaj poreza uglavnom traje od **35** do **45** dana. Da biste izvršili ubrzani povraćaj poreza naznačite na Registration Form!

HITNO: Ovaj povraćaj poreza uglavnom traje od **5** do **7** dana. Da biste izvršili hitan povraćaj poreza naznačite na Registration Form!

NAZNAKA: Dokumenta koja su prosledjena putem interneta ili e-mail-om brže se obrađuju! Uštedite svoje vreme!

CENA usluge:

REGULARNI:

50 USD, ako je iznos koji se vraca od 0 do 200 USD
70 USD, ako je iznos koji se vraca od 201 do 600 USD
80 USD, ako je iznos koji se vraca od 601 do 800 USD
10%, ako je iznos koji se vraca od 801 USD pa navise.

UBRZANI – dodatnih 33 USD za ovu uslugu.

HITNO – dodatnih 99 USD za ovu uslugu.

Social Security and Medicare (SSMT) Troškovi povraćaja poreza su 10 % od povraćenog iznosa, ali ne manje od 80 USD.

Potruga za dokumentima koja vam nedostaju: Ako nemate W-2 form ILI poslednji pay-slip (s), RT Tax će kontaktirati vašeg poslodavca kako bi dobili kopiju W-2 form. Ova usluga košta 15 USD.



USE ENGLISH LETTERS PLEASE!

First (Given) Name:

Middle Name:

Surname (Last Name):

Date of birth:

19 __ / __ m / __ d

Home tel.:

Mob tel.:

E-mail address:

Refund Type

REGULAR

FAST

URGENT

Urgent service is available only for current year Tax Refunds

Social Security Number:

Arrival to the USA date:

20 __ y / __ m / __ d

Leaving the USA date:

20 __ y / __ m / __ d

For what year(s) do you want to claim your TAX Refund with RT Tax?

Did you apply for the same tax refund that you are applying now at another company or by yourself earlier?

Yes

No

How many employers did you have:

What State have you worked in:

Employment Information

You must list ALL THE EMPLOYERS (even if you did not pay taxes in that job) and provide THE LAST PAY-SLIPS or W-2 FORMS.

If you do not have them, we will help you to get them.

1. Company:

Address:

Tel/Fax:

E-mail:

I have W2 form or last pay-slip from this job YES NO

If NO, I want RT Tax to get replacement YES NO

2. Company:

Address:

Tel/Fax:

E-mail:

I have W2 form or last pay-slip from this job YES NO

If NO, I want RT Tax to get replacement YES NO

3. Company:

Address:

Tel/Fax:

E-mail:

I have W2 form or last pay-slip from this job YES NO

If NO, I want RT Tax to get replacement YES NO

4. Company:

Address:

Tel/Fax:

E-mail:

I have W2 form or last pay-slip from this job YES NO

If NO, I want RT Tax to get replacement YES NO

Client notes:

RT Tax notes:

Income:

Taxes paid:

By signing this form I declare that all the information, supplied by me on this form is correct and complete.

Signature:

Date:



Power of attorney

I, the undersigned,
 date of birth, Social Security number, residing at,
 (hereinafter referred to as the "Principal"), hereby grant a power of attorney to the company, Rinkos Tinklas, Ltd (dba RT Tax) its officers and/or employees with its registered address at Laisves Al. 67, Kaunas, Lithuania (hereinafter referred to as the "Agent"), to sign, verify and file all the principal's federal, state, social security and medicare, local income and other tax returns; pay all taxes; 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, 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 Rinkos Tinklas, Ltd its officers and/or employees are given the authority:

1. To act as an agent in dealing with the Principal's income tax return applications for the tax years 2007-2011.
2. To request from the employer and to receive Principal's W-2 form to the address:
 RT Tax, P.O. Box 5260, Woodridge, IL 60517.
3. 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.

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

Signature of the Principal:

I, the undersigned,
 date of birth, Social Security number.....,(hereinafter referred to as the "Principal") hereby appoint A & Z Group, UAB officers and/or employees (hereinafter referred to as the "Agent") as his/her attorney to receive, endorse, and collect checks payable to the order of the undersigned.

On the basis of this power of attorney Agent is given the authority to deposit Principal's Income Tax refund checks to its own bank account, and convey the collected funds to the Principal or his designee by way of a bank transfer, check or to handle in another manner so as to achieve the same purpose. Agent can use the third party to convey the collected funds to the Principal.

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

Signature of the Principal:

- 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 (levels k and l), 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 Circular 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 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, 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—the authority to practice before the Internal Revenue Service is limited by Circular 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 1 of the instructions.
 - k** Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
 - l** Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
 - 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. See the Part II instructions.

Designation—Insert above letter (a–r)	Jurisdiction (state) or identification	Signature	Date

Place:

Signed this day of, 20.....

RT Tax.com, hereinafter named **SERVICE PROVIDER**, and.....
.....hereinafter named **CUSTOMER**, have concluded the following agreement:

1. Subject of the Agreement

1.1 SERVICE PROVIDER obliges itself according to the order of CUSTOMER to draw up the documents necessary for the refund of the taxes overpayment of CUSTOMER paid in the United States of America (USA), United Kingdom, Ireland, Canada, Norway, Nederland or Germany under legal labor relations and to present them to the corresponding tax institutions and 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 overpayment (hereinafter named tax refund)

2.1.2 To use its authority under this agreement and power of attorney (if necessary) for the preparation, signing and filing of tax returns, and for receiving all correspondence, including tax refund checks, from tax authorities

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

2.2 CUSTOMER rights and obligations:

2.2.1 To present to SERVICE PROVIDER all the required documents and to sign necessary documents and forms for the performance of the service defined in this agreement and to provide true, accurate and correct information necessary for the completion of the tax refund.

2.2.2 To present W-2 form to SERVICE PROVIDER if CUSTOMER had legal labor relations in the states such as Virginia or Alabama. If W-2 form cannot be provided by CUSTOMER, form retrieval service described in 2.2.7 is started by SERVICE PROVIDER.

2.2.3 By signing this agreement and power of attorney (if necessary) to give SERVICE PROVIDER the authority to prepare, sign and file tax return and to receive all correspondence, including tax refund checks, from tax authorities.

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 If for some reason the tax administrators of any foreign country deliver overpaid taxes directly to CUSTOMER, he/she must immediately inform SERVICE PROVIDER about it and pay remuneration, as per the agreement, not later than within 5 work days since the day of money receipt.

2.2.6 To pay to SERVICE PROVIDER service fees for each financial year:

USA tax refund (Federal and State): If the tax refund amount is between 0-200 USD, the service fee is 50 USD; 201-600 USD, the service fee is 70 USD; 601-800 USD, the service fee is 80 USD; 801 and more USD, the service fee is 10 % from the refund amount.

USA tax refund (Social Security and Medicare): the service fee is 10 % from the refund amount, but not less than 80 USD

United Kingdom: If the tax refund amount is between 0-100 GBP, the service fee is 35 GBP; 101-400 GBP, the service fee is 50 GBP; 401-800 GBP, the service fee is 55 GBP; 801 and more GBP, the service fee is 11 % from the refund amount.

Ireland: the service fee is 11 % from the refund amount, but not less than 60 EUR

Canada: the service fee is 11 % from the refund amount, but not less than 70 CAD

Norway: the service fee is 14 % from the refund amount, but not less than 80 EUR

Nederland: the service fee is 14 % from the refund amount, but not less than 45 EUR

Germany: the service fee is 14 % from the refund amount, but not less than 50 EUR

2.2.7 To pay the following fee for the retrieval service of each form: W2 (USA) - 15 USD, P-45/P-60 (England) - 15 GBP, P-60 (Ireland) - 17 EURO, T-4 (Canada) - 15 CAD, RF-1015B (Norway) - 17 EURO, "Jaaropgaaf" form (Nederland) - 17 EUR, "Lohnsteuerkarte" (Germany) - 17 EUR.

2.2.8 To pay fees and costs occurred in the refund process and could not be foreseen at the moment of signing of this agreement.

2.2.9. If CUSTOMER unilaterally terminates or withdraws from execution of the present agreement without the substantial breach of SERVICE PROVIDER, or during the period of validity of this agreement signs agreement, with other juridical or natural person regarding the rendering of analogous services, CUSTOMER shall pay SERVICE PROVIDER a fine at the amount of 100 USD.

2.2.10 Immediately inform SERVICE PROVIDER of the new employment or self employment in a foreign country and inform SERVICE PROVIDER of any changes in CUSTOMER contact details.

2.2.11 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.

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 the court in Lithuania.

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 the USA, United Kingdom, Ireland, Norway, Nederland or German laws, rules and regulations, manner of refunding taxes or due to the circumstances, which were not known to SERVICE PROVIDER, SERVICE PROVIDER is not responsible for any negative consequences, which the CUSTOMER underwent due to the amendment of the earlier mentioned countries laws, rules and regulations or manner of refunding taxes.

6.2 SERVICE PROVIDER is not responsible for the delays in refunding taxes if any foreign tax institutions cause it.

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

6.4 The final amount of the taxes subject to refund shall be established by a competent institution of the foreign country. The amounts calculated by SERVICE PROVIDER are of the recommendatory nature and do not empower CUSTOMER to claim for the preliminary calculated overpaid taxes.

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

RTTax.com
Laisves al. 67, Kaunas
Lithuania LT-44304

CUSTOMER

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

.....
(signature)