



DOCUMENT INSTRUCTIONS - PAGE 1

taxback.com

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European Address:
12-14 College Green
Dublin 2, Ireland
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How to Get Your US Pre-Travel Pack

At taxback.com, we know that filling out tax forms can be a bit scary. This is why we have put together some simple guidelines on how to complete the attached forms and some FAQs to help you with any queries you may have.

To get started:

1. Print off the instructions on how to complete the pre-travel tax forms and the attached tax forms
2. Please complete the contact information section on the first page. Please write the telephone number that you use in your home country in the space provided.
3. Please complete the visa information section on the first page.

****Note:** If you are going to the US on the Cultural Representative Program or the J1 Academic International College Program, please place an X beside 'Other' in the first question of the Visa Information section which asks 'Program type'. If you are going on the International College Program Summer 2009, please place an X beside 'WAT'

4. Customer Agreement: please print and sign your name beside the black pen symbols at the bottom of the page and date the form. If you already have a Social Security Number (SSN) please enter this number in the field provided but if you don't have an SSN, don't worry, you can enter this information later on your personal online account.
5. Form 2848: Power of Attorney. Please initial the first letter of your first name and surname beside the black pen symbol in point 6 at the very bottom of the page. Please **DO NOT** fill out any other information on this form.
6. On the second page of form 2848, please print and sign your name and date the form beside the black pen symbols in point 9. Please **DO NOT** fill out any other information on this form.
7. Form 8821. Please sign and date the form by the black pen symbols in point 7 at the very bottom of the page. Please **DO NOT** fill out any other information on this form
8. Form 8822. Please sign and date your name beside the black pen symbols in Part 111 at the very bottom of the page. Please **DO NOT** fill out any other information on this form.
9. Page 7, Power of Attorney. Please sign and date your name beside the black pen symbols at the bottom of the page. You **DO NOT** need to fill out any other information on this page.
10. Once you have completed the tax forms, please scan and e-mail them to myaccount@taxback.com.
In order to scan the forms please follow the instructions below very carefully.

Scanning instructions:

1. Please set the size of the scanning to the American standard:
Height: 11 inches (279 mm)
Width: 8.5 inches (216 mm)
2. Set the picture quality to Black & White
3. Set the resolution to 300 dpi (dots per inch)
4. Please, save the file in either PDF or JPEG format
5. The size of the scanned files should not be greater than 2MB

Now that you have completed the hard part, please read the FAQ's below to learn more about the tax return process and our pre-travel pack.



DOCUMENT INSTRUCTIONS - PAGE2

FAQ

What happens after I complete all the forms?

Once you have completed the forms, please scan and e-mail them to myaccount@taxback.com using the scanning instructions above. Once we receive the forms we will send you:

- Our free US ezines filled with top tips on living and working in the US, as well as great deals for keeping more money in your pocket.
- Your personal online tracking account where you can update your US employment and personal details, and watch the step-by-step progress on your tax refund. You will also be able to view a copy of the W4 form which Disney will assist you with for your first day at work
- Everything you need to get a tax refund from the US.

What is a 'Power of Attorney' and why do I need to sign it?

The Power of Attorney is a form which grants taxback.com the permission to act as your tax representative and to complete the tax return on your behalf. It enables us to follow up with the IRS to find out the status of your tax refund and to receive the cheque so that we can send it to you. By signing the Power of Attorney, there is no obligation to use our service once you return home, we just ask our potential new customers to sign the forms before they go away so that we can get their tax back quicker when they return home.

What documents do I need to complete my tax return when I come home?

By filling out the pre-travel pack you will already have completed the majority of the forms that you need to complete your tax return. To process the return when you come home we will just need:

- a. A copy of your payment documents (W2). The W2 form is the official government form that you'll receive from your employer(s) in January after the tax year ends, the 31st of December. The W2 form shows the amount of money you earned and the amount of tax you paid for that employer.
- b. A copy of your social security card

Once we receive all the documents our Certified Public Accountant in Chicago will prepare your tax return and send the forms to the IRS. We will keep you updated on your refund on your online account. As soon as we get your refund we will send you your money.

How much does it cost?

Our pre-travel pack is completely free. If you decide to use taxback.com to complete your tax refund when you return home, we charge a small percentage fee of the refund that we get back. For US taxes we charge 10% of the refund received and there is a minimum fee of \$75 for refunds below \$750. You do not have to pay anything upfront for the service. We will also always give you a free estimation of the amount that you can get back so that you can see if you are happy to proceed.

When can I apply for my tax refund?

The tax year in the US is from the 1st of January until the 31st of December. As soon as the tax year ends you have until the 15th of April to submit your tax return. Any applications after this date may incur fines or penalties but you have up to three years to complete your tax return.

Once I have submitted my tax return, how long will it take to get my tax refund?

The total estimated time for your US income tax refund is 10-12 weeks. We will keep you up to date on the status of your refund on your online account and as soon as we have your cheque we will post it online on your account for you to see and contact you to see how you would like to receive your money.

What should I do if I lose / never received my payment documents?

Don't worry, we have a team dedicated to sourcing missing documents. We will contact the employer on your behalf and get any replacement documents that you may need. There is a small fee of \$15 for each document retrieved.

For more information on US tax refunds, visit our website, www.taxback.com

If you have any further questions, chat online with one of our tax experts at: www.taxback.com/chat

You can also give us a call for free on: +1 888 203 8900 (from the US)
0808 2381 611 (from the UK)

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PRE-TRAVEL APPLICATION FORM



CONTACT INFORMATION:

PLEASE PRINT IN BLOCK CAPITALS

Mr: Mrs: Ms:

First Name:

Surname:

Middle Initial:

Date of Birth: DAY / MONTH / YEAR

Tel:

Email (that you will use while in the US):

Mobile:

Home Country:

How did you hear about us: **Yummy Jobs**

Postal address:



VISA INFORMATION:

Please X the correct option:

Visa Type:

Programme type: WAT Intern Other J1 F1 H1B H2B Q L E P O Other:

Estimated date of arrival in the USA: DAY / MONTH / YEAR

Estimated date of departure from the USA: DAY / MONTH / YEAR

What was the cost of your programme to the US? \$

What was the cost of your flight to the US? \$

Visaholders who pay for living expenses in their home country while on their US programme may receive larger legal tax refunds.

Please tick which living expenses you will pay for in your home country, while you are on your US programme:

Insurance (medical, home, vehicle, etc): Mobile phone costs: Club membership (gym, sports, social, etc): Housing costs (rent, mortgage, board, etc): Transportation (car, motorbike, bicycle, etc): Other: **You may be entitled to a larger legal refund if you have a part/full-time job in your home country before and after your US programme, and/or if you maintain a life in your home country while in the US.**

- | | |
|--|--|
| 1. Did you have a job in your home country? Yes <input type="checkbox"/> No <input type="checkbox"/> | 2. Do you intend to return to that job when you leave the US? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Do you have a permanent address in your home country? Yes <input type="checkbox"/> No <input type="checkbox"/> | 4. Do you intend to return to this address when you leave the US? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Will you pay money towards a household in your home country while in the US? Yes <input type="checkbox"/> No <input type="checkbox"/> | 6. Are you entitled to vote in your home country? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Do you have a bank account in your home country? Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. Will you receive mail to your home address while in the US? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Visit www.taxback.com for further details about our services

taxback.com

The more information you can provide the quicker you will receive your refund

myaccount@taxback.com



CUSTOMER AGREEMENT

I confirm that

1. I understand that taxback.com is a trading name for ESS Ltd.
2. I have not filed an income tax return/applied for an income tax refund for the USA for this tax year or authorized any other party to do so on my behalf.
3. I have signed the necessary power of attorneys to authorize Taxback. Inc, trading as taxback.com, and owned by European Student Services Ltd., 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 authorize the Agent to receive all correspondence from the US Tax Authorities on my behalf.
5. I want to avail of the offer to "pay no fee up-front" when I sign up for the service. In order to avail of this option, I understand that the fee will need to be paid by me when the refund has been issued by the US Tax Authorities.
6. I authorize the Agent to receive my refund cheque(s) from the Tax Authorities.
7. I further authorize the Agent to endorse the cheques, deduct the necessary fee and to send me the remaining amount.
8. I understand that once my refund is processed, I will be contacted by the Agent with regard to payment options for receiving my refund and will be able to provide my bank details.
9. Should the Agent choose for any reason not to endorse the cheque, I understand and agree that I will pay the fee due and will cash the tax office refund cheque myself.
10. Should 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.
11. Should 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.
12. 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.
13. 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 affect 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.
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.

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Dublin 2, Ireland
P: 00353 1 887 1999
F: 00353 1 670 6963

Name in print: _____ Date: _____

Signature: _____ Social Security Number: _____
(If you do not have this information now please leave this blank.)

**Power of Attorney
 and Declaration of Representative**

OMB No. 1545-0150
For IRS Use Only

▶ Type or print. ▶ See the separate instructions.

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

Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address c/o 20 Eden Quay, Dublin 1, Ireland	Social security number(s) : : : :	Employer identification number
	Daytime telephone number ()	Plan number (if applicable)

hereby appoint(s) 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 AK Tax Service Inc., 1835 N. Milwaukee, Chicago, IL 60647	CAF No. _____ Telephone No. 773 252 808 Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Taxback Inc., 333 North Michigan Ave., Suite 2415 Chicago, IL 60601	CAF No. _____ Telephone No. 888 203 8900 Fax No. 213 781 2707 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ 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(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Individual Income Tax	1040, 1040NR	2009, 2008, 2007, 2006, 2005
FICA Tax	843, 8316	2009, 2008, 2007, 2006, 2005

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 Uses Not Recorded on CAF** ▶

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: **This Power of Attorney is being filed pursuant to Regulations section 1.6012-1(a)(5), which requires a power of attorney to be attached to a return if a return is signed by an agent, by reason of continuous absence from the United States.**

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶




- 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
B	ILLINOIS		
H			

Tax Information Authorization

▶ **Do not use this form to request a copy or transcript of your tax return.
 Instead, use Form 4506 or Form 4506-T.**

OMB No. 1545-1165
For IRS Use Only

Received by: _____
 Name _____
 Telephone (____) _____
 Function _____
 Date ____/____/____

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

Taxpayer name(s) and address (type or print)	Social security number(s) _____ _____ _____ Daytime telephone number (____) _____	Employer identification number _____ _____ Plan number (if applicable) _____
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2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address Taxback Inc., 333 North Michigan Ave., Suite 2415, Chicago, IL 60601	CAF No. _____ Telephone No. 888 203 8900 Fax No. 312 781 2707 Check if new: Address <input checked="" type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
--	--

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
Individual Income Tax	1040, 1040NR	2009, 2008, 2007, 2006, 2005	

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 on page 3. 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
- b** If you do not want any copies of notices or communications sent to your appointee, check this box

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box

To revoke this tax information authorization, see the instructions on page 3.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. 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/periods on line 3 above.

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

 _____ Signature	 _____ Date	_____ Signature	_____ Date
---	--	--------------------	---------------

Print Name _____ Title (if applicable) _____	Print Name _____ Title (if applicable) _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature

Change of Address

▶ Please type or print.

▶ See instructions on back. ▶ Do not attach this form to your return.

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

5 Prior name(s). See instructions.

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. <b style="text-align: center;">ESS Ltd., 20 Eden Quay, Dublin 1, Ireland	Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check **all** boxes this change affects:

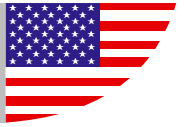
- 8 Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
 9 Employee plan returns (Forms 5500, 5500-EZ, etc.)
 10 Business location

11a Business name	11b Employer identification number
12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no.
13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no.
14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.	Room or suite no.

Part III Signature

Daytime telephone number of person to contact (optional) ▶ () _____

Sign Here	Your signature	Date	▶ If Part II completed, signature of owner, officer, or representative Date
	▶ If joint return, spouse's signature	Date	▶ Title

**POWER OF ATTORNEY**I, _____, FULL NAME, Date of Birth: MONTH / DAY / YEARSSN (last 4 digits)

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 an 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 checks 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 import of granting these powers to my representative.

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European Address:
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Dublin 2, Ireland
P: 00353 1 887 1999
F: 00353 1 670 6963

Signed: _____

Date: _____ MONTH / DAY / YEAR