



DOCUMENT INSTRUCTIONS - PAGE 1

How to Complete Your US Tax Return

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. Please print off the instructions on how to complete the tax forms and all the attached tax forms
2. Please complete the contact information section on the first page.
3. Please complete the visa information section on the first page.

****Note:** If you went 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 went on the International College Program Summer 2009, please place an X beside 'WAT'

4. Please complete the employment information section at the bottom of the first page. If you had more than two employers during your time in the US please include their details on a separate sheet
5. Customer Agreement: please print and sign your name beside the black pen symbols at the bottom of the page and date the form. Please enter your Social Security Number in the space provided. If you didn't receive your SSN we can organise a temporary number for you. Chat online with one of our tax experts to find out how at www.taxback.com/chat
6. 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.
7. 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.
8. 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
9. 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.
10. 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.
11. When you have finished signing the forms, you will need to attach the following:
 - a. A copy of your 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. You will also need to attach a copy of your social security card.

Now that you have completed the hard part, please scan and e-mail your completed tax forms, W2 and the copy of your social security card to usdocuments@taxback.com. The IRS is very strict on how these forms are scanned. Please follow the instructions below very carefully.

taxback.com

US Head Office:
333N. Michigan Ave.
Suite 2415
Chicago, IL 60601
USA
P: 001 888 203 8900
F: 001 312 781 2707
E: info@taxback.com
W: www.taxback.com

European Address:
12-14 College Green
Dublin 2, Ireland
P: 00353 1 887 1999
F: 00353 1 670 6963



DOCUMENT INSTRUCTIONS - PAGE2

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

If you are having difficulty with this scanning, please talk to us at www.taxback.com/chat

What happens after I send in all my forms and documents?

As soon as we receive your completed Taxpack and payment documents, we will give you a free estimation of the amount that you can receive back so that you can see if you are happy to proceed with the service. We will also send you the details of your personal online account where you will be updated on each stage of the tax refund process completed by our team. Once we receive all the documents our Certified Public Accountant in Chicago will prepare your tax return and send the forms to the IRS. As soon as we get your refund we will send you your money.

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.

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.

How much does it cost?

There is no upfront charge for our service. 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 in advance for the service. Once we receive all your documents 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.

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)

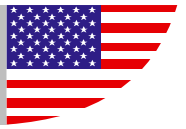
taxback.com

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F: 00353 1 670 6963



Complete and sign these forms. Attach your signed power of attorney form, your W2s/final cumulative payslips and a copy of your social security card. Scan and email them all to USdocuments@taxback.com.

APPLICATION FORM



1 Sign the Forms



2 Send with your tax info



3 Receive Your Refund

taxback.com

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CONTACT INFORMATION:

PLEASE PRINT IN BLOCK CAPITALS

Mr: Mrs: Ms:

First Name:

Surname:

Middle Initial:

Date of Birth: DAY / MONTH / YEAR

Tel:

Email:

Mobile:

Home Country:

How did you hear of our service

Yummy Jobs

Postal address:



VISA INFORMATION:

Please X the correct option:

Visa Type:

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

Date of arrival in the USA: DAY / MONTH / YEAR

Date of departure from the USA: DAY / MONTH / YEAR

Have you applied for this refund before: Yes No

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 program may receive larger legal tax refunds.

Please tick which living expenses you paid for in your home country, while you were on your US program:

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 had a part/full-time job in your home country before and after your US program, and/or if you maintained a life in your home country while in the US.

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

EMPLOYMENT INFORMATION:

1st Company Name:

City:

State:

Tel:

Final work date: DAY / MONTH / YEAR

2nd Company Name:

City:

State:

Tel:

Final work date: DAY / MONTH / YEAR

If you had more than two employers please include information on a separate page.

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

usdocuments@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.

taxback.com**US Head Office:**

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Name in print: _____ Date: _____

Signature: _____ Social Security Number: _____




- 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"/>
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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
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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
If joint return, spouse's signature	Date	Title



POWER OF ATTORNEY

I, _____, FULL NAME, Date of Birth: MONTH / DAY / YEAR

SSN (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.

Signed:  _____

Date:  _____ MONTH / DAY / YEAR

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