



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

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



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?

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. 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.
9. 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.
10. 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.
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 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.
13. I confirm that I have given the Agent all information needed and available to me.
14. I commit to updating the Agent of any change in my contact details.

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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	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) _____	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	<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
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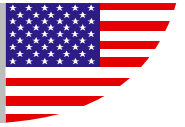
12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no.
13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no.
14 New business 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



DOCUMENT INSTRUCTIONS

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F: 00353 1 670 6963

To get your US Tax Refund, we need you to:

- sign the three IRS tax forms (Forms 2848, 8821 and 8822) and
- then email them to us with your payment documents, some ID and our Customer Agreement.

Please print these 3 forms and our Customer Agreement and sign as follows:

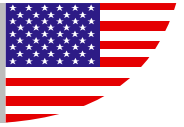
- 2848 form – two pages:
Page 1: Please put your initials (the first letters of your first and last name) by the black pen. 
- Page 2: Please sign and date the form by the black pens. 
- 8821 and 8822 forms - please sign and date the forms only.
- Customer Agreement form - please sign and date it.
- ID - Send us a photocopy of your social security card. If you do not have one, please send us a copy of your US visa or the ID page of your national passport.
- Your payment documents – the final pay-slip or W2 from each employer.
- Your contact details – if you have a new mobile number or email address, please give us the details. We need these to send you your money.

The fastest way for you to get your refund is to: Scan these documents and e-mail them to us at usdocuments@taxback.com.

The IRS require these documents to be scanned in the following way:

1. Please, set the size of the scanning to the American standard:
 1. Height: 11 inches (279mm);
 2. Width: 8.5 inches (216mm).
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 any difficulty with this scanning, please talk to us at www.taxback.com/chat or ring our local office at www.taxback.com/contactus.asp



DECLARATION TO THE EMPLOYER

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I, _____
grant full authority to taxback.com, 333 N. Michigan Ave., Suite 2415, Chicago, Illinois 60601, U.S.A,
to act as my agent in dealing with my United States income tax return application.
I authorise that my W2 or a copy of my final cumulative pay-slip be sent to the Chicago office of taxback.com.

Social Security Number:

Attach a copy of your Social Security Card:

Signature: _____ Date: _____