

Hola,
¡Gracias por elegir RT Tax para el reembolso de sus impuestos desde los EE.UU.!
¡Obtener su reembolso de impuestos nunca ha sido más fácil! **Simplemente siga los siguientes pasos:**

IMPRIMA todas las páginas de este documento

FIRME en las marcas con una "X"

TOME FOTO o **ESCANEE** los documentos siguientes:

Formulario de Registro
Poder legal
Formulario 2848
Acuerdo

Usted los encontrará en este paquete

- **Formulario (s) W-2 o último (s) cheques de pago** (de todos sus empleadores)
- **Fotocopia de la tarjeta del Seguro Social**
- **Fotocopia del visado**
- **Formulario DS-2019** (solo los que tienen visas J-1)

NOTA: Si aun no tiene todos los documentos necesarios, usted puede empezar con su trámite de reembolso de impuestos. ¡Nosotros conseguiremos los documentos faltantes por usted!

¡SOMETE TODOS SUS DOCUMENTOS A RT TAX!

- Envíe un correo electrónico a info@rttax.com.ar
- Traiga o envíe a la oficina del representante RT Tax en su país

RASA TRAVEL ARGENTINA

Buenos Aires – Argentina

Av. Entre Rios 913, Piso 4, Departamento L

Tel.: 54-11-53689703 (Oficina); 54-11-1554890455 (Celular)

E-mail: info@rasatravelargentina.com

www.rasatravelargentina.com

¡RELÁJESE! ¡SU TRABAJO ESTÁ HECHO! ¡NOSOTROS VAMOS A CUMPLIR CON EL RESTO!

Nosotros: Nosotros le enviaremos un correo electrónico con la cantidad estimada de su reembolso

Nosotros: procesaremos sus documentos y los enviaremos a las autoridades tributarias de los EE.UU.

Nosotros: depositaremos el dinero a su cuenta o enviaremos un cheque personal.

TIEMPO Estimado de Reembolso:

El procedimiento de la devolución del impuesto pagado por usted en los EE.UU. empezará al terminar el año fiscal, a partir del 1 de Enero.

REGULAR: El trámite del reembolso normalmente se tarda de **90 a 120** días desde el momento que nosotros recibimos los documentos.

RÁPIDO: El trámite del reembolso normalmente se tarda entre **35 a 45** días. Para aplicar para el reembolso rápido, favor de marcar en el formulario del registro.

URGENTE: El trámite del reembolso normalmente se tarda entre **5 a 7** días. Para aplicar para el reembolso urgente, favor de marcar en el formulario del registro.

NOTA: ¡Documentos sometidos en línea o enviados por el correo electrónico están procesados más rápido! ¡Ahorra tiempo para usted!

PRECIO de servicio:

Reembolso regular de los impuestos Federales y Estatales:

50 USD si la cantidad reembolsable es de 0-200 USD
70 USD si la cantidad reembolsable es de 201-600 USD
80 USD si la cantidad reembolsable es de 601-800 USD
10% si la cantidad reembolsable es 801 USD y más.

Reembolso rápido – cobro adicional de 33 USD aplica.

Reembolso urgente – cobro adicional de 99 USD aplica.

La comisión del reembolso de impuestos de **Seguro Social y Seguro Medico** es 10% de la cantidad de devolver pero no menos de 80 USD.

La búsqueda de los documentos faltantes: En caso de que usted no tenga o no haya presentado las formas W-2 o los últimos recibos de pago, RT Tax se comunicará con su patrón y le solicitará que se las envíe. Por este servicio RT Tax cobrará 15 USD.

¡Favor de usar letras en ingles!

Nombre:

Segundo nombre:

Apellido:

Fecha de nacimiento: 19 __ / __ m / __ d
 Tel de casa:
 Tel móvil:

Correo electrónico:

Tipo de reembolso: REGULAR RÁPIDO URGENTE Servicio urgente está solo disponible para los reembolsos del presente año

Número de Seguro Social: — —

Fecha de entrada: 20 __ y / __ m / __ d Fecha de salida: 20 __ y / __ m / __ d

¿De qué año (s) fiscal (es) solicita usted su reembolso de impuestos con RT Tax?

¿Ha aplicado usted para su reembolso de impuestos del mismo año con alguna otra compañía? Si No

¿Cuántos empleadores tuvo usted? ¿En qué estado trabajo usted?

Información del empleo

Usted tiene que indicar **TODOS LOS EMPLEADORES** (aún si no pago impuestos en algún empleo) y proporcionar los últimos cheques de pago o los formularios W-2. Si no los tiene, nosotros le ayudaremos a conseguirlos.

1. Compañía:
 Dirección:
 Tel/Fax:
 E-mail:
 Tengo formulario W-2 o último cheque de pago Si No
 Si NO, quiero que RT Tax me lo consiga Si No

2. Compañía:
 Dirección:
 Tel/Fax:
 E-mail:
 Tengo formulario W-2 o último cheque de pago Si No
 Si NO, quiero que RT Tax me lo consiga Si No

Observaciones del cliente:

Observaciones de RT Tax:
 Ingreso:
 Impuestos pagados:

3. Compañía:
 Dirección:
 Tel/Fax:
 E-mail:
 Tengo formulario W-2 o último cheque de pago Si No
 Si NO, quiero que RT Tax me lo consiga Si No

4. Compañía:
 Dirección:
 Tel/Fax:
 E-mail:
 Tengo formulario W-2 o último cheque de pago Si No
 Si NO, quiero que RT Tax me lo consiga Si No

Firmando este formulario yo declaro que toda la información proporcionada es correcta y completa.

Firma:
 Fecha:



Refund request form

Choose one of two options:

Option 1: I want to get my refund to my bank account

Option 2: I want to get my refund by check to my home address

- International money transfer fee is 20 USD
- Check delivery expenses are 5 USD

NOTE: Even if you choose to receive your refund by a bank transfer, you need to provide your home (mailing) address here! Please make sure that we will be able to reach you at this address for the next 2 years. If your mailing address changes, inform us at info@rttax.com

Your home (mailing) address:

YOUR NAME:

(PLEASE USE CAPITAL LETTERS)

_____ (name, middle name, surname)

_____ (street, house number, flat or room number)

_____ (region, village, town or city)

_____ (post code and country)

Your bank information:

IMPORTANT:

- **Please call or visit your bank before filling in this part. You can also attach a statement from your bank, showing the details of your account for international money transfer in USD to your bank account.**
- There will be an additional bank charge of 50 USD, if the bank needs to repeat the transfer because of the incorrect or not full information provided.
- RT Tax is not responsible for any fees charged by the client's or intermediary bank.
- Sometimes a part of refund is issued as a personal check. In such a case the check will be sent to your mailing address written above.

BENEFICIARY BANK DETAILS

THE PERSONAL BANK ACCOUNT IN USD: _____

ACCOUNT HOLDER'S NAME: _____

BANK INFO: _____

(FULL BANK NAME; BRANCH NAME)

(BANK SWIFT CODE / ROUTING NO)

(BANK ADDRESS: CITY AND COUNTRY)

CORRESPONDENT/INTERMEDIARY BANK DETAILS

(Correspondent bank cannot be the same as beneficiary bank)

(FULL BANK NAME)

(BANK SWIFT CODE)

(CORRESPONDENT BANK ACCOUNT NO)

(BANK ADDRESS)

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

I agree with all the terms and conditions pointed out on this form.

Signature: _____

Date: 20 __ / __ / __



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)