USA Tax Refund Application Form

(Please use **different applications for separate tax years!**)

FIRST NAME: ____________________
MIDDLE NAME: ____________________
LAST NAME: ____________________
USA Social Security number: ____________________
Personal Identification Number: ____________________
Birth date (yyyy/mm/dd): ____________________

HOME ADDRESS: ____________________
CITY AND POSTAL CODE, COUNTRY ____________________
E-mail, contact phone numbers: ____________________

Enter the tax year for which you would like us to process your Tax Return: ____________________

Have you already tried to get refund of taxes for that year? Yes ◯ No ◯
Date you entered USA (yyyy/mm/dd): ____________________
Date you left USA (yyyy/mm/dd): ____________________
Exchange program name: ____________________
TYPE OF VISA: ____________________
Have you been to USA before? Yes ◯ No ◯
If 'Yes', specify visa type and what period you spent in USA that year: ____________________
Have you applied for Tax Refund in previous years? Yes ◯ No ◯
If 'Yes', name the agency that processed your Tax Refund and specify the period for which tax refund was processed: ____________________

How many employers did you have in USA? ☐
INDICATE STATE(S) you worked in: ☐

You must indicate all employers! Incorrect data can cause problems getting your tax refund.

Employer 1

COMPANY NAME: ____________________
Address: ____________________
Phone number: ____________________
Fax number: ____________________
E-mail/www address: ____________________
Worked from (yyyy/mm/dd): __________ to (yyyy/mm/dd): __________

Have you attached form W2 from this employer?* Yes ◯ No ◯
Have you attached last pay slip from this employer?* Yes ◯ No ◯
Do you need SS/Med tax refund from this employer?* Yes ◯ No ◯

Employer 2

COMPANY NAME: ____________________
Address: ____________________
Phone number: ____________________
Fax number: ____________________
E-mail/www address: ____________________
Worked from (yyyy/mm/dd): __________ to (yyyy/mm/dd): __________

Have you attached form W2 from this employer?* Yes ◯ No ◯
Have you attached last pay slip from this employer?* Yes ◯ No ◯
Do you need SS/Med tax refund from this employer?* Yes ◯ No ◯

Employer 3

COMPANY NAME: ____________________
Address: ____________________
Phone number: ____________________
Fax number: ____________________
E-mail/www address: ____________________
Worked from (yyyy/mm/dd): __________ to (yyyy/mm/dd): __________

Have you attached form W2 from this employer?* Yes ◯ No ◯
Have you attached last pay slip from this employer?* Yes ◯ No ◯
Do you need SS/Med tax refund from this employer?* Yes ◯ No ◯

Notes and comments:

If you had more than 3 employers, please provide information on separate page.

Please fill in the form giving as detailed information as possible and return it to the nearest STC Partner's office. See the list of STC Partners at www.stconsulting.info for addresses and contact information.

Attach the following documents to your application:

W-2 forms and/or final payslip(s) from each employer **(originals!)**, copy of Social Security card, copy of your Passport, copy of US Entry Visa, copy of Form DS-2019 (if available), copy of I-94 card (if available).

***Attention!!!** If you do not submit us with the last payslip or form W-2 from one of your employers or if you choose our Social Security/Medicare Tax Refund service, but do not submit us with form W-2, additional service of getting W-2 form will be provided to you automatically for extra fee! Social Security/Medicare tax refund service is available for United States J, F, M or Q visa holders only.

First name, last name: ______________________________ **Signature:** ____________________ **Date:** ____________________

CONTRACT

…….. day of ………………………., 200……

UAB "Simpleta" operating as Student Tax Consulting, company identification number **136041128,** represented by director **Rimas Petkevicius**, acting under company regulations, hereinafter referred to as **"STC"**, and ………………………………………………………………………………., personal identification number ……………………………...…, hereinafter referred to as the **"Mandator",** are hereby concluding this contract:

1. Subject of the Contract:

1.1. The purpose of this Contract is to provide consultations and tax return services for the "Mandator" who worked in the United States of America, the United Kingdom and/or Ireland (hereinafter referred to as the "Tax Refund").

2. Rights and obligations of the Contracting Parties:

2.1. "Mandator's" rights and obligations:

2.1.1. "Mandator" agrees to provide all the documents that are mentioned in "Tax Refund" application form and sign all the documents that are necessary for obtaining "Tax Refund" including Power of Attorney for tax, banking and financial matters.

2.1.2. "Mandator" ensures that all information provided to "STC" is correct and full to the best of his/her knowledge. By signing this contract "Mandator" grants the "STC" right to use personal data about "Mandator", but only and as much as needed in accordance to this contract.

2.1.3. "Mandator" agrees to provide additional information and/or documents necessary for "Tax Refund" upon "STC" request.

2.1.4. "Mandator" agrees to have "STC" as exclusive provider of his/her "Tax Refund" services for tax years mentioned in "Tax Refund" application.

2.1.5. "Mandator" agrees to pay the following consulting fees:

- US "Tax Refund" fee of 10% of the amount of tax refunded, but not less than 50 USD for each tax return of personal income taxes. Same fees apply for each claim for refund of Social Security/Medicare taxes (if applicable). 25 USD fee for replacement of missing form W-2 (if necessary).
- UK "Tax Refund" fee of 10% of the amount of tax refunded, but not less than 40 GBP for each tax year. 15 GBP fee for replacement of missing P45/P60/CIS25 form (if necessary).
- Ireland "Tax Refund" fee of 10% of the amount of tax refunded, but not less than 50 EUR for each tax year. 15 EUR fee for replacement of missing P45/P60/CIS25 form (if necessary).

2.1.6. "Mandator" has the right to withdraw from this Contract at no cost as long as a tax return has not been filed. Such notice of withdrawal must be made in written form by post, fax or e-mail.

2.2. "STC" rights and obligations:

2.2.1. "STC" agrees to process "Mandator's" tax returns to Tax Authorities in a timely manner and in compliance with the tax law of the United States, the United Kingdom and/or Ireland.

2.2.2. "STC" agrees to use all personal information and documents provided by "Mandator" only for preparation, signing and filling of tax returns and has the right to receive and endorse "Tax Refund" checks or/and to receive tax refunds to its own bank account.

2.2.3. "STC" assumes obligation not to disclose any personal and tax return information in any manner to any third parties without "Mandator's" consent, except, cases when law requires disclosure of such information. "STC" has the right to transfer the "Tax Refund" process to the third parties or transfer the trust to act on "Mandator's" behalf, if it is necessary for the "Tax Refund".

2.2.4. "STC" obligates to make "Tax Refund" to the "Mandator" according to the chosen option provided in the form "Tax Refund Options" only after "Mandator's" "Tax Refund" has been received. "STC" has the right to deduct additional fee of 35 USD or its equivalent in other currency for each "Tax Refund" transfer to "Mandator's" bank account. "STC" shall not be responsible for any additional charges imposed by corresponding and/or beneficiary's banks.

2.2.5. If "Mandator" requests his/her "Tax Refund" to be issued in two or more separate checks, the additional fee of 30 USD or its equivalent in other currency will apply.

2.2.6. "STC" has the right to deduct additional fee of 25 USD or its equivalent in other currency for the return of unused or expired "Tax Refund" check to "STC", or additional fee of 35 USD or its equivalent in other currency for the "stop payment" on the "Tax Refund" check, if that check was not returned to "STC".

2.2.7. If paragraph 2.1.4. of this contract is not fulfilled, "STC" has the right to impose additional fee of 50 USD or its equivalent in other currency per tax year.

2.2.8. "STC" shall not be held responsible of any tax adjustments made by US, UK and/or Ireland Tax Authorities. Any amendment to the tax return, follow-up on tax return adjustments or tax return audit will be considered as separate income tax return and fees mentioned in paragraph 2.1.5. of this contract will apply.

2.2.9. "STC" shall not be held responsible for the failure to refund taxes, or for the tax liability, or for any other negative consequences, which occurred due to false, inaccurate or incomplete information provided by the "Mandator" or due to "Mandator's" prior financial commitments to US, UK and/or Ireland Tax Authorities.

2.2.10. "STC" shall not be held responsible for any delays by US, UK and/or Ireland Tax Authorities. "STC" also shall not be responsible for any changes of legal or other nature regulations regarding the "Tax Refund", but at the same time will put the best efforts to assist "Mandator" after such changes will come into force.

3. Remuneration Conditions

3.1. All fees mentioned in this contract will be deducted from "Mandator's" "Tax Refund" except cases mentioned in paragraphs 3.2., 3.3. and 3.4. of this contract. If compulsory, VAT is included in the mentioned amounts.

3.2. If "Mandator" receives "Tax Refund" check (-s) directly from tax institution he has to pay for "STC" services provided according this contract by single wire transfer directly to "STC" bank account.

3.3. If "Mandator" is requesting his tax return to be filed with US, UK and/or Ireland Tax Authorities, but is not entitled for "Tax Refund", "STC" must receive "Mandator's" payment in the form of bank check or bank transfer of 50 USD for US Tax Return, 40 GBP for UK Tax Return, 50 EUR for Ireland Tax Return before Mandator's documents are filed to US, UK and/or Ireland Tax Authorities.

3.4. If "Mandator's" total "Tax Refund" received form US, UK and/or Ireland Tax Authorities is less than the minimum "Tax Refund" fees, "STC" may require that "Mandator" remit "STC" with the difference.

4. Final Provisions

4.1. A party is excused of responsibility for non-performance, if the non-performance was due to an impediment (war, natural disaster, fire and etc.), which could not be foreseen and were beyond its control at the time of the conclusion of the contract.

4.2. This contract is governed by Lithuanian law. If this contract or legal regulations does not provide otherwise, the law of Republic of Lithuania guides the rights and obligations of the contracting parties.

4.3. All disputes and differences that may arise in connection with this contract shall be settled by means of friendly negotiations between the parties. If the parties cannot settle such dispute, then such dispute is to be submitted for settlement to the court according to the "STC" registration place.

4.4. This contract is made out in two copies of which each party shall retain one.

4.5. Both contracting parties have read this contract, **acknowledge that it has complete and full recognition of the terms and conditions of this contract, understand them, undertake to comply with them,** agree with its contents and affix their signatures below as proof of its correctness and of the fact that this contract corresponds to their true will.

"Mandator":

Full name:…………………………………………………………….

Personal identification number:……………………………………

Signature:…………………………………………………………..

Country, in which the contract was signed.…………………………..

"STC":

UAB „Simpleta" o/a Student Tax Consulting
Kestucio 57-8, LT-44303 Kaunas, Lithuania
Company identification number: 136041128
Director: Rimas Petkevicius
Authorized person: …………………………………………

Signature: ………………..……………………………………

TAX REFUND OPTIONS

Please use CAPITAL letters!

YOUR FULL NAME: ____

PERSONAL IDENTIFICATION NUMBER: ____

Please mark which way you choose to receive your tax refund:

- ☐ **A single refund check** (With this option we issue a single check when we receive total tax refund: Federal, State and Social Security/Medicare taxes).
- ☐ **Two or more refund checks** (For USA tax refund only. We forward Federal, State and Social Security/Medicare taxes with separate checks as soon as we receive them. There is extra fee of 30 USD or its equivalent in other currency for this option).
- ☐ **A single wire transfer to your bank account** (Most recommended option, because it is quick and secure, but there would be an extra fee of 35 USD or its equivalent in other currency to cover bank charges).
- ☐ **Two or more transfers to your bank account** (For USA tax refund only. We transfer Federal, State and Social Security/Medicare taxes as soon as we receive them. This option is not recommended as there would be an extra fee of 35 USD or its equivalent in other currency for **each** transfer to cover bank charges).

If you choose check (-s), please sign on the bottom of the page!
If you choose transfer (-s), please fill the required information below and then sign the form!

Before filling this part please contact your bank and find out how to make transfer to your **personal** account if payment is coming from Lithuania!

Your bank information

____
FULL BANK NAME

____
STREET, CITY, COUNTRY

______________________ or ______________________
BANK CODE (BIK/MFO) — BANK SWIFT CODE

____
PERSONAL ACCOUNT NUMBER

(The account you are providing must be opened on YOUR OWN name!)

Transfer currency (please mark): ☐ USD ☐ GBP ☐ EUR

Your bank correspondent information

____
FULL CORRESPONDENT BANK NAME

____
CORRESPONDENT BANK CITY AND COUNTRY

______________________ ______________________
CORRESPONDENT BANK SWIFT CODE — CORRESPONDENT BANK ACCOUNT NUMBER

If your bank requires any other additional information for correct transfer to your personal bank account, please provide this information here: ____

____

STC keeps the right to change selected option according to unexpected tax refund circumstances!

Signature ……………………………………… Date…………………………………….

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 | PIN Number ☐☐☐☐☐ | Print name of taxpayer from line 1 if other than individual

Signature | Date | Title (if applicable)

Print Name | 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

Form **8821**

(Rev. April 2004)

Department of the Treasury
Internal Revenue Service

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)**	**Employer identification number**
	Daytime telephone number ( )	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address

CAF No.

Telephone No.

Fax No.

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

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.)

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)

☐☐☐☐☐ PIN number for electronic signature

☐☐☐☐☐ PIN number for electronic signature

POWER OF ATTORNEY

Full name: ………………………………………………………………………….

Social Security number #: …………………………………………………………………………

Date of birth: ………………………………………………………………………….

Address: ………….…………………………………………………………………...

……………...…………………………………………………………...…………...

....………………...………………………………………………………………...

I, the undersigned ………………………………..……………………………………………………….………

(hereinafter referred to as the "Mandator"), hereby grant a full authority to SIMPLETA LTD., dba STUDENT TAX CONSULTING, to act as my agent (attorney-in-fact) in dealing with my United States Personal Income Tax Return for the tax year _ _ _ _ and perform the following acts on the basis of this Power of Attorney:

1. To request from the employer and to receive Mandator's form(-s) W-2 to the following address:

   SIMPLETA LTD.
   dba STUDENT TAX CONSULTING
   PO BOX 596070
   FORT GRATIOT, MI 48059-6070

2. To receive Personal Income Tax refund checks issued in Mandator's name.
3. To deposit Personal Income Tax refunds to it's own account and convey such refunds to the Mandator by the way of a wire transfer, check or to handle it in another manner to achieve the same purpose.

This Power of Attorney is effective immediately and will continue until it is revoked.

Signature: ✓ .…………………………..….. Date: ✓ …………….……….…..…….....

Witness: ………………………………………. ……………………………………………..

Full Name Signature

Client copy

US TAX REFUND
DOCUMENT ACCEPTANCE RECEIPT

1. Copy of passport O
2. Copy of visa O
3. Copy of Social Security card O
4. Copy of form DS-2019 (if available) O
5. Copy of form I-94 (front and back if available) O
6. W-2 form ……………………………………(Which employers' W2 you provide?*)
7. Final pay slip …………………………..(Which employers' pay slip you provide?*)

Client: ………………………
(Signature)

Doc. accepted by: ……………………… ....……………..
(Name, Last name) (Signature) (Date)

Partner copy

US TAX REFUND
DOCUMENT ACCEPTANCE RECEIPT

1. Copy of student's passport O
2. Copy of entry visa O
3. Copy of Social Security card O
4. Copy of form DS-2019 (if available) O
5. Copy of form I-94 (front and back if available) O
6. W-2 form ……………………………………(Which employers' W2 you provide?*)
7. Final pay slip …………………………..(Which employers' pay slip you provide?*)
8. Tax Refund Application Form O
9. Form 2848 O
10. Form 8821 O
11. Form "STC Power of Attorney" O
12. Contract O
13. Form "Tax Refund Options" O

Client: ………………………
(Signature)

Doc. accepted by: ……………………… ....……………..
(Name, Last name) (Signature) (Date)

*Put employer's number from Application Form. If you don't provide such document, leave blank.