

APPLICATION FORM

**IT'S QUICK AND EASY TO GET YOUR GUERNSEY TAX REFUND. JUST FOLLOW THE 3 STEPS BELOW.**



Please fill in the **taxback.com** application form with as much information as possible.



Please only sign the tax forms where marked by the ✓  
Do not complete any other information on these forms.



Send in the forms with your Tax Deduction Cards/Final Payslips from each of your employers in Guernsey

*Thank you for choosing to use **taxback.com**. We look forward to working with you to apply for your Guernsey tax refund. In this pack, you will find everything you need to authorise taxback.com to apply for this refund on your behalf. Please read this pack carefully, sign and return to your nearest taxback.com office.*

**PERSONAL INFORMATION**

|  |   |   |       |   |                              |                               |                             |
|--|---|---|-------|---|------------------------------|-------------------------------|-----------------------------|
| First Name                                     | Surname   | Middle Initial <input type="checkbox"/> | Title | Mr <input type="checkbox"/>   | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> |
| Date of Birth ____ / ____ / ____               | Marital status Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Registered Civil Partnership <input type="checkbox"/> Married <input type="checkbox"/> |   |       |   |                              |                               |                             |
| Nationality                                    | Email   |   |       |   |                              |                               |                             |
| Home Address                                   |   |   |       |   |                              |                               |                             |
| Mobile Phone                                   |   |   |       | Home Phone  |                              |                               |                             |
| Date of arrival in Guernsey ____ / ____ / ____ |   |   |       | Date of departure from Guernsey ____ / ____ / ____  |                              |                               |                             |
| Occupation                                     |   |   |       | Tax reference number  |                              |                               |                             |
| Employer reference                             |   |   |       | Have you applied for this refund before? Yes <input type="checkbox"/> No <input type="checkbox"/> |                              |                               |                             |
| Today's Date ____ / ____ / ____                |   |   |       | How did you hear of our company?  |                              |                               |                             |

**EMPLOYMENT INFORMATION**

**EMPLOYER 1**

|  |                             |   |
|--|-----------------------------|---|
| Company Name   |                             |   |
| Address  |                             |   |
| City / Town  | Phone (if known)            | Fax (if known)  |
| Email  |                             |   |
| Have you received your final payslip or Tax Deduction Card? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                             | If no, would you like us to source a replacement?* Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Started ____ / ____ / ____   | Finished ____ / ____ / ____ |   |
| Have you received any additional benefits in this employment, such as car benefits, dividends or other? Yes <input type="checkbox"/> No <input type="checkbox"/> |                             |   |
| If yes, please identify  |                             |   |



# States of Guernsey Income Tax

**Form of Authority  
1012**

**Administrator of Income Tax  
P.O. Box 37  
2 Cornet Street  
St. Peter Port  
Guernsey  
GY1 3AZ**


I hereby authorise

**TAXBACK.COM**

- (a) (Name) .....  
whose signature is appended below, to deal with all matters relating to Income Tax.
- (b) You to furnish the above named with any information they may require in connection with my/the Company's Income Tax Returns.

This authorisation shall be deemed to apply until withdrawn by me in writing.

**Signature of person to whom authority is given:** ..... **TAXBACK.COM**

**Address:**  ..... **1st Floor, 277-281 Oxford Street**  
 ..... **London, W1C 2DL**  
 ..... **E-mail: uk@taxback.com**

**Contact Telephone Number:** ..... **Tel: 0207 6599 188 ; Fax: 0845 300 0265**

**Taxpayer's Full Name:** .....  
*(please print in capitals)*  
**Tax Reference Number:** .....  
*(if known)*  
**Taxpayer's Address:** .....

**Signature of Taxpayer:**  .....

**Date:** .....

**FOR OFFICE USE ONLY**

Accountants Code

Input by ..... (Initials)

**L LIFE ASSURANCE**

| Name of Insurance Company | Number of Policy | Date Payments Commenced | Name of Person Insured | Sum Assured £ | Premiums for Year £ |
|---------------------------|------------------|-------------------------|------------------------|---------------|---------------------|
|                           |                  |                         |                        |               |                     |
|                           |                  |                         |                        |               |                     |
|                           |                  |                         |                        |               |                     |
|                           |                  |                         |                        |               |                     |
|                           |                  |                         |                        |               |                     |

**M DATE(S) OF BIRTH**

| SELF |       |      |
|------|-------|------|
| Day  | Month | Year |
|      |       |      |


| WIFE |       |      |
|------|-------|------|
| Day  | Month | Year |
|      |       |      |

If you wish the repayment to be made to your agent, banker or some other person, please complete the following form of authority:

I hereby authorise the Administrator of Income Tax to pay to **TAXBACK.COM** (Full Name)  
of **1st Floor, 277-281 Oxford Street, London, W1C 2DL, United Kingdom** (Full Postal Address)  
any monies due to me in respect of this claim.

I HEREBY CERTIFY:

- (A) that to the best of my knowledge and belief all the statements made in every part of this form are TRUE AND CORRECT and that I have included details of ALL MY INCOME AND THAT OF MY SPOUSE from every source whatsoever for the period to which the form relates;
- (B) that I have given notice of any person not resident in Guernsey, to whom I am or have been paying any income or profits derived from sources in or connected with Guernsey.

Signature:  ..... Date: .....

Marital Status: .....

Residential Address: .....

.....Postcode: .....

Daytime Telephone Number (optional): .....

Name & Address of Guernsey Agent (if any): .....

.....

## CUSTOMER AGREEMENT

***I confirm that:***

1. I understand that taxback.com is a trading name for the services of Taxback Inc., Chicago, USA, and its parent company Taxback, Ireland and its subsidiaries and representative companies
2. I understand and agree that all authority I give in signature and by email to taxback.com (referred to hereafter as the Agent) is for the services delivered by taxback.com and/or its affiliate companies.
3. I have not filed an income tax return/applied for an income tax refund from the tax office in Guernsey for this tax year or authorized any other party to do so on my behalf.
4. I have signed the necessary power of attorneys to authorize the Agent to prepare this tax return and represent me before the Guernsey Tax Authorities.
5. I understand that if I am due a refund for this tax year and I have not filed my tax return for other tax years in which I worked in Guernsey, that the Agent may be obliged to file income tax returns for the other tax year(s) as well. I agree that the Agent should do this.
6. I want to avail of the offer to "pay no fee up-front" when I sign up for the service.
7. I authorize the Agent to receive my refund cheque(s) from the tax authorities.
8. I authorize the Agent to endorse the cheques, deduct the necessary fee and to send me the remaining amount.
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 pursuant to (4) above, and the Guernsey 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 fees for each tax year for which a tax return was processed.
11. I understand that the Guernsey 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 an estimation only, not a guarantee.
12. I agree to and accept the terms and conditions of service as written online at [www.taxback.com](http://www.taxback.com) and to any changes in the terms and conditions which Taxback may effect from time to time, and to the fees of the agent which represents the services I have requested and which are provided by Taxback and/or its affiliate companies.
13. I declare that I have provided true and accurate income, taxes ,assets and other information to the Agent .
14. I commit to updating the Agent of any change in my contact details.

|               |            |
|---------------|------------|
| Name in Print | Date       |
| Signed        | TRN Number |

DECLARATION TO EMPLOYER

I, \_\_\_\_\_ (first name, surname),

TRN \_\_\_\_\_ grant full authority to taxback.com, to act as my agent in dealing with my Guernsey Income Tax return application .

I authorize that my Tax Deduction Cards, Statement of Earnings to be sent to the office of

**taxback.com, 1st Floor, 277-281 Oxford Street ,London W1C 2DL, United Kingdom**

|          |      |
|----------|------|
| Signed ✓ | Date |
|----------|------|