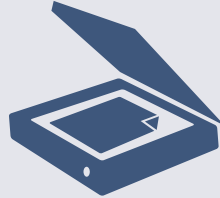


IT'S QUICK AND EASY TO ORGANIZE YOUR US INDIVIDUAL INCOME TAX RETURN WITH TAXBACK.COM. JUST FOLLOW THE STEPS BELOW:



Print and complete the forms using the checklist below to help you



Scan / copy all forms\*



Email these scanned copies to [usdocuments@taxback.com](mailto:usdocuments@taxback.com)

\*Make sure you set the paper size to A4 and the resolution to at least 300dpi. Save the file in PDF, JPG or JPEG format before you email them to us. Each file should not exceed 2MB. If you are having any difficulties with scanning your documents, please talk to us at [www.taxback.com/chat](https://www.taxback.com/chat) or ring your local office at [www.taxback.com/contactus.asp](https://www.taxback.com/contactus.asp)

Thank you for choosing to use taxback.com. We look forward to working with you to file your US tax return. In this pack, you will find everything you need to authorise taxback.com to file this return on your behalf. At Taxback.com, we know that not everyone's tax affairs are the same. That's why there is quite a lot of information in this pack. However, you only need to complete the sections that are relevant to you. If you'd like help with the form, let us know and we'll arrange for someone to talk you through filling it out.

## CHECKLIST

Please note that we will need a fully completed pack before we can confirm your US tax position. We've prepared this checklist below so you can ensure you've completed all sections and included any required documentation.

1.  **Application Form**

Please complete the page in full. The more details you provide, the faster we can process your claim.

2.  **2848 Form**

Please **sign and date in ink** the form on the second page where indicated by the ✓.

**Note:** If you are married, each spouse must sign and date a separate copy of the 2848 form.

3.  **8821 Form**

Please **sign and date in ink** the form where indicated by the ✓.

4.  **Customer Agreement Form**

Please **sign and date in ink** where indicated by the ✓.

5.  **7216 Form**

Please **write your name, sign and date in ink** the form where indicated by the ✓.

7.  **Your payment documents**

Send us your final payment documents from each employer - W2 forms, final pay slips or any other cumulative statements of earnings supporting US source income and taxes paid in USA (such as 1099 forms, 1042-S, etc).

6.  **ID**

Send us a photocopy of your US visa (or the ID page of your passport) and a copy of your social security card.

## APPLICATION FORM

### CONTACT INFORMATION PLEASE PRINT IN BLOCK CAPITALS

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>		First Name	Middle Initial	Surname
Date of Birth	mm/dd/yyyy	Mobile		Telephone
Email			Marital Status:	
Postal Address	Street			Country
	City / county / district / zip code			
Nationality			How did you hear about our services?	

### VISA INFORMATION

Visa Type: J1 <input type="checkbox"/> F1 <input type="checkbox"/> H1B <input type="checkbox"/> H2B <input type="checkbox"/> Q <input type="checkbox"/> L <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> Tourist <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____	Program Type: Work & Travel <input type="checkbox"/> Intern/Trainee <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____
---	---

**If you had more than one visit during the tax year, please provide I-94 log or a complete list of entry and exit dates.**

Date of arrival in the USA	mm/dd/yyyy	Date of departure from the USA	mm/dd/yyyy
----------------------------	------------	--------------------------------	------------

Have you ever filed a US tax return with the IRS before? Yes  No  If yes, please state for which year: \_\_\_\_\_ and provide copies of your last filed Federal/State tax returns

Which tax year are you applying for now? \_\_\_\_\_ Have you applied for this tax year before? Yes  No

**If you were in the US before the tax year you are applying for, it is important to provide information about those visits including visa type and days of presence in the US - please complete the information in the grid below:**

	2020	2019	2018	2017	2016	2015	2014
Visa Type <small>(see list above for options)</small>							
Number of days spent in the US							

### EMPLOYMENT INFORMATION

#### EMPLOYER 1

Company name		Occupation	
Address		Telephone	
State you worked in	First work date	mm/dd/yyyy	Final work date
			mm/dd/yyyy
Do you have your final pay stub or W2? Yes <input type="checkbox"/> No <input type="checkbox"/>			

#### EMPLOYER 2

Company name		Occupation	
Address		Telephone	
State you worked in	First work date	mm/dd/yyyy	Final work date
			mm/dd/yyyy
Do you have your final pay stub or W2? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**If you had more than 2 employers or any additional income from the US please include information on a separate page.**

## Power of Attorney and Declaration of Representative

OMB No. 1545-0150

▶ Go to [www.irs.gov/Form2848](http://www.irs.gov/Form2848) for instructions and the latest information.

**For IRS Use Only**

Received by: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date        /        /

**Part I Power of Attorney**

**Caution:** A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

**3 Acts authorized (you are required to complete line 3).** Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. *Specific Use Not Recorded on CAF* in the instructions . . . . .

**5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):  Access my IRS records via an Intermediate Service Provider;  
 Authorize disclosure to third parties;  Substitute or add representative(s);  Sign a return; \_\_\_\_\_

Other acts authorized: \_\_\_\_\_

**b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.  
 List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): \_\_\_\_\_

**6 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 matters and years or periods covered by this form. 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.**

**7 Taxpayer declaration and signature.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.  
**▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

✓ \_\_\_\_\_  
 Signature Date Title (if applicable)

✓ \_\_\_\_\_  
 Print name Print name of taxpayer from line 1 if other than individual

**Part II Declaration of Representative**

- Under penalties of perjury, by my signature below I declare that:
- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
  - I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
  - I am authorized to represent the taxpayer identified in Part I for the 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—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
    - c Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
    - d Officer—a bona fide officer of the taxpayer organization.
    - e Full-Time Employee—a full-time employee of the taxpayer.
    - f Family Member—a member of the taxpayer’s immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-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 IRS is limited by section 10.3(d) of Circular 230).
    - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
    - k Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
    - 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 COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

**Note:** For designations d–f, enter your title, position, or relationship to the taxpayer in the “Licensing jurisdiction” column.

Designation— Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date

## Tax Information Authorization

▶ Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
 ▶ Don't sign this form unless all applicable lines have been completed.  
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
For IRS Use Only
Received by:
Name _____
Telephone _____
Function _____
Date _____

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

**2 Designee(s).** If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address INA EDWARDS TAXBACK INC, 1 BATCHO KIRO ST, VARNA 9000 BULGARIA	CAF No. _____ PTIN _____ Telephone No. 8882038900 Fax No. 3128734202
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

Name and address MARIA YORDANOVA TAXBACK INC, 1 BATCHO KIRO ST, VARNA 9000 BULGARIA	CAF No. _____ PTIN _____ Telephone No. 8882038900 Fax No. 3128734202
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

**3 Tax information.** Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
INDIVIDUAL INCOME TAX	1040,1040-NR,1040-NR-EZ,1040X	2020,2019,2018,2017,2016	N/A
FICA TAX	843, 8316	2020,2019,2018,2017,2016	N/A

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 . . . . . ▶

**5 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . . ▶   
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

**6 Taxpayer signature.** If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

_____ Signature	mm/dd/yyyy Date
_____ Print Name	_____ Title (if applicable)

## CUSTOMER AGREEMENT

**The customer agreement forms the basis of the relationship between Taxback and you. It is an important document, please read the points in full and ensure you understand them, before signing.**

### I confirm that:

1. I understand that Taxback.com is a trading name for the services of Taxback Inc., Chicago, USA, and hereby contract with Taxback Inc. to carry out the services described herewith.
2. I understand that Taxback Inc will utilise its parent company Taxback and its subsidiary and affiliate companies to gather information regarding the services where necessary and that the contract remains with Taxback Inc for the duration of the service.
3. I have signed the necessary power of attorney(s) to authorise Taxback. Inc, and / or its subsidiary undertakings trading as Taxback.com 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 authorise the Agent to receive all correspondence from the US tax authorities on my behalf.
5. I understand that receipts are required to substantiate any claim that I make for expenses.
6. Prior to receiving my refund, I agree to pay the agreed fee for preparation of my US federal and / or state tax return(s).
7. I understand that if I pay the fee in advance, my refund cheque will be mailed directly to the address I have provided.
8. I understand and accept that if I don't pay the fee in advance, the Agent will receive the cheque from the tax authorities and send it to me once the agent commission is transferred by me and received in the agent's bank account.
9. In the event that 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. In the event that 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](http://www.taxback.com) and to any changes in the terms and conditions which Taxback Inc 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 Inc and/or its affiliate companies. I want to stay informed and subscribe to receiving communications from Taxback.com relating to new and existing products and services.
13. I understand that information collected in writing and/or verbally for US tax return filing services can and may be used for internal auditing purposes by Taxback.com and provided to the US Tax Authorities (IRS and State Tax Authorities) for external auditing purposes, subject to relevant data protection legislation.
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.
16. I understand that the Agent will either submit my tax application(s) to the relevant tax office or prepare the tax return(s) and provide these to me, as soon as I have been informed of the refund amount and have sent all necessary documentation.
17. I agree that in the event that I wish to cancel my application, I will contact Taxback.com immediately. I understand that while Taxback.com will make every effort to recall my application, if it has already been sent to the tax authorities, this may not be possible.

Name in print ✓	Date ✓ mm/dd/yyyy
Social Security Number ✓	Signature ✓

## CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION under IRC Section 7216




To ensure your tax return is prepared in a compliant and correct manner, we draw on the expertise and experience of our international tax team. In line with Treas. Reg. Section 301.7216-3 and Rev. Proc. 2013-14, we request that you provide consent to us so that we can share and store your data, including your SSN and employment and tax data, with our international tax team to ensure your tax return is compliant.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties (our international colleagues will qualify as third parties as they are employed by Taxback international offices, not by Taxback Inc. directly) for purposes other than the preparation and filing of your tax return and, in certain limited circumstances, for purposes involving tax return preparation.

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security Number ("SSN"). Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States which will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. Section 7216) to protect privacy and prevent unauthorized access of tax return information.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

If you agree to allow Taxback to disclose your tax return information, including your SSN, to Taxback staff and affiliates for the purpose of providing assistance in the preparation of your individual income tax returns, please sign this form and print your name in capital letters.

Name in print 
Signature 
Date  mm/dd/yyyy

## Authorized Representative Declaration (Power of Attorney)

**INSTRUCTIONS:** Use this form to authorize the Michigan Department of Treasury to communicate with a named individual or entity acting on your behalf. Also use this form to designate a representative to receive copies of correspondence regarding a particular tax dispute (other than City Income Tax). All information designated as "required" must be supplied for this authorization to be effective.

PART 1: TAXPAYER OR DEBTOR INFORMATION									
Taxpayer's Name <b>(Required)</b> If a business, include any DBA, trade or assumed name. If filing joint return, include spouse's name.	FEIN, ME or TR Number <b>(Required for business taxes)</b>								
Taxpayer or Business Address <b>(Required)</b>	Taxpayer's Social Security Number <b>(Required if no FEIN, ME, or TR Number listed)</b>	Spouse's Social Security Number							
Taxpayer's E-mail Address	Daytime Telephone Number <b>(Required)</b>	Fax Number							
PART 2: REVOCATION OF AUTHORITY									
To revoke the authority of your current representative, check the applicable box in this section. <b>Check only ONE box.</b>									
<input type="checkbox"/> I revoke all prior authorizations. I will represent myself.									
<input type="checkbox"/> I revoke prior authorizations in the matter/dispute listed in Part 4 and/or Part 5. I will represent myself.									
<input type="checkbox"/> I revoke prior authorizations in the matter/dispute listed in Part 4 and/or Part 5 and appoint a new representative in Part 3 who is authorized under Part 4 and/or 5.									
PART 3: REPRESENTATIVE APPOINTMENT									
Your representative may be an entity or an individual. If you designate an entity you must also provide an individual as a contact. If no start date is indicated the authorization is effective as of the date this form is signed. If no expiration date is indicated the authorization is effective until revoked.									
Authorized Representative's Name <b>(Required)</b>	Contact Name <b>(Required if an entity is named)</b>								
Authorized Representative's Address <b>(Required)</b>	Telephone Number <b>(Required)</b>	Fax Number							
	Authorization Start Date (mm/dd/yyyy)	Authorization Expiration Date (mm/dd/yyyy)							
	Authorized Representative's E-mail Address								
PART 4: TYPE OF AUTHORITY									
If you check a box, you authorize your representative to act in that capacity.									
<input type="checkbox"/> 1. Receive and inspect confidential information (upon request only). <b>(To have your representative receive copies of all future letters and notices involving a tax dispute [other than City Income Tax], you must complete Part 5.)</b>									
<input type="checkbox"/> 2. Make oral or written presentation of fact or argument.									
<input type="checkbox"/> 3. Sign returns.									
<input type="checkbox"/> 4. Enter into agreements.									
<input checked="" type="checkbox"/> 5. All of the above.									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">You may restrict authority in boxes 1-4 to a specific matter (Not required)</th> </tr> <tr> <td style="width: 50%;">Tax Type, Debt or Fee</td> <td>Year(s) or period(s)</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>				You may restrict authority in boxes 1-4 to a specific matter (Not required)		Tax Type, Debt or Fee	Year(s) or period(s)		
You may restrict authority in boxes 1-4 to a specific matter (Not required)									
Tax Type, Debt or Fee	Year(s) or period(s)								
PART 5: REQUEST COPIES OF LETTERS AND NOTICES REGARDING A TAX DISPUTE (other than City Income Tax)									
<input checked="" type="checkbox"/> By checking this box, you are directing Treasury to send a copy of all future notices and letters involving a particular tax dispute to your representative named in Part 3 under section 8 of the Revenue Act (MCL205.8). This dispute is for year(s) or period(s) _____ and Tax (income tax, sales tax, use tax, etc.) _____ (Tax and year(s) or period(s) are both <b>required</b> if this box is checked.)									
PART 6: TAXPAYER OR DEBTOR AUTHORIZATION									
<i>By signing this form, I authorize Treasury to communicate with my representative consistent with the authority granted.</i>									
Signature <b>(Required)</b> <input checked="" type="checkbox"/>	Print Name <b>(Required)</b> <input checked="" type="checkbox"/>	Title <b>(Required if a business)</b>	Date <b>(Required)</b> <input checked="" type="checkbox"/>						
Spouse's Signature	Print Name	Title	Date <b>(Required if spouse signs)</b>						
TREASURY USE ONLY									
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		Division Name	Reviewer Initials						