



YTC Belarus

ЗАПОЛНЯЯ ФОРМУ, ПОЖАЛУЙСТА ПИШИТЕ АНГЛИЙСКИМИ БУКВАМИ!

Имя: P I O T R

Отчество: S I A R H E E V I C H

Фамилия: P I A T R O U

Дата рождения: 19 89 / 12 / 11 Тел.: Моб.: 375297234465

Адрес эл. почты: POCHTA@GMAIL.COM

Способ возврата: Традиционный Быстрый Возвращая налоги **быстрым способом**, Вы должны предоставить формы W-2 от всех работодателей.

Номер "Social Security": 2 3 1 - 1 5 - 6 5 8 9

Дата прибытия в США: 20 09 / 06 / 15 Дата отъезда из США: 20 09 / 08 / 30

За какие годы Вы хотели бы вернуть налоги? 2009

Обращались ли Вы раньше по поводу возврата этих налогов в другую компанию или сами? Да Нет

Количество Ваших работодателей: 1 В каких штатах Вы работали: MD

Информация о работодателях

Вы должны указать ВСЕХ РАБОТОДАТЕЛЕЙ. Неточности могут затруднить возврат налогов.

1. Компания: US Aquatics

Адрес: 12240 Indian Creek Court,
Suite 130

Тел.: 301-210-4235

Эл. Почта: jobs@lifeguardinamerica.com

У меня есть форма W-2 или последняя корочка зарплаты с этой работы Да Нет
Если НЕТ, я хочу, чтобы их нашли RT Tax Да Нет

Примечания клиента:

RT Tax notes:

2. Компания: _____

Адрес: _____

Тел.: _____

Эл. Почта: _____

У меня есть форма W-2 или последняя корочка зарплаты с этой работы Да Нет
Если НЕТ, я хочу, чтобы их нашли RT Tax Да Нет

3. Компания: _____

Адрес: _____

Тел.: _____

Эл. Почта: _____

У меня есть форма W-2 или последняя корочка зарплаты с этой работы Да Нет
Если НЕТ, я хочу, чтобы их нашли RT Tax Да Нет

4. Компания: _____

Адрес: _____

Тел.: _____

Эл. Почта: _____

У меня есть форма W-2 или последняя корочка зарплаты с этой работы Да Нет
Если НЕТ, я хочу, чтобы их нашли RT Tax Да Нет

Подписав эту форму, я подтверждаю, что вся мною предоставленная информация верна.

Подпись: X X

Дата: 20 09 / 12 / 12



Power of attorney

I, the undersigned, date of birth, NIN, PPS or Social Security numberresiding at hereinafter referred to as the "Principal"), hereby grant a power of attorney to the company, its officers and / or employees with its registered address, duly represented by (hereinafter referred to as the "Agent"), to sign, verify and file all the principal's federal, state, social security and medicare, local income, individual repayment claims and other tax returns; pay all taxes; claim, sue for and 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 sign and deliver all tax powers of attorney on behalf of the principal that may be necessary for such purposes; waive rights and sign all documents on behalf of the principal as required to settle, pay and determine all tax liabilities; 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 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 2005-2010.
2. To request from the employer and to receive Principal's W2 to it's own address.
3. To request from the employer and to receive Principal's P-45/P-60 to it's own address.
4. 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.
5. To deposit Principal's Income Tax refunds to it's own account and convey such refunds to the Principal by way of a bank transfer, check or to handle in another manner so as to achieve the same purpose.

The undersigned does hereby appoint officers and / or employees as his/her attorney to receive, endorse, and collect checks payable to the order of the undersigned.

All rights, powers and authority ofits officers and / or employees to exercise the prerogatives granted herein shall commence and be in full force and effect and remain in full force and effect for a period of twenty four months from the date of its signing.

Signed this day of, 20.....

Signature of the Principal: ...X.....X.....

- 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.

X _____ X _____ X 2009.12.12 _____
 Signature Date Title (if applicable)

X **Piotr Piatrou** _____
 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:
- c I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
 - c 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;
 - c I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
 - c 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.....

....., with a registered address

represented by,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 the CUSTOMER to draw up the documents necessary for the refund of the taxes of the CUSTOMER paid in the United States of America (USA), England or Ireland under legal labour relations and to present them to the corresponding tax institutions and the 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.

2.1.2 To use its authority under the power of attorney for the preparation, signing and filing of tax returns and for receiving and endorsing (if necessary) tax refund checks or receiving tax refunds to its own bank account.

2.1.3 Having deducted the commission payment for the rendered service to pay to the CUSTOMER the remaining part of refunded taxes.

2.1.4 To fax, email or mail this signed Agreement to the CUSTOMER at any time upon request.

2.2 CUSTOMER rights and obligations

2.2.1 To present to the 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 By signing the power of attorney to give the SERVICE PROVIDER the authority to prepare, sign and file tax return, to receive all correspondence from Tax Authorities on my behalf, to receive and endorse (if necessary) tax refund checks and receive tax refunds to its own bank account.

2.2.3 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.

2.2.4 If for some reason the tax administrator of any foreign country delivers overpaid taxes directly to the CUSTOMER, he/she must immediately inform the Representative about it and pay RTT Incorporated its remuneration as per the agreement not later than within 5 work days since the day of money receipt.

2.2.5 If SERVICE PROVIDER for any reason is not able to endorse the refund check and for this reason won't be able to deduct the payment set in the paragraphs 2.2.6. and 2.2.7. of this agreement CUSTOMER obliges to pay the payment and cash the check himself.

2.2.6 To pay to the SERVICE PROVIDER a payment of 9% (USA returns), 11 % (England, Ireland returns) from the refunded tax amount, but not less than an amount of 80 USD (USA returns), 50 GBP (England returns), 60 EUR (Ireland returns).

2.2.7 The payment for Social Security & Medicare tax refund is charged separately and it is 10% from the refunded amount, but not less than an amount of 80 USD.

2.2.8 If the CUSTOMER unilaterally terminates or withdraws from execution of the present agreement without the substantial breach of SERVICE PROVIDER, the CUSTOMER shall pay SERVICE PROVIDER a fine at the amount of 80 USD.

2.2.9 Immediately inform the SERVICE PROVIDER of the new employment or self employment in a foreign country and inform SERVICE PROVIDER of any changes in CUSTOMER contact details.

2.2.10 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.

3. Consideration

3.1 The payment set in the paragraphs 2.2.6. and 2.2.7. of this agreement will be taken from the CUSTOMER'S refund and the balance will be issued to the CUSTOMER by the bank transfer to the CUSTOMER'S bank account or the personal check will be issued.

3.2 SERVICE PROVIDER is not responsible for the fees, which are charged by the CUSTOMER'S bank.

3.3 The SERVICE PROVIDER is entitled to deduct from the CUSTOMER the fees and costs, which occurred in the refund process and could not be foreseen at the moment of signing of this agreement.

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 court.

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, England or Ireland laws, rules and regulations, manner of refunding taxes or due to the circumstances, which were not known to the SERVICE PROVIDER, the SERVICE PROVIDER is not responsible for any negative consequences, which the CUSTOMER underwent due to the amendment of USA, England or Ireland laws, rules and regulations or manner of refunding taxes.

6.2 SERVICE PROVIDER is not responsible for the delays in refunding taxes if USA, England or Ireland tax institutions cause it.

6.3 SERVICE PROVIDER is not 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 CUSTOMER or due to CUSTOMER'S prior financial commitments to USA, England or Ireland 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 the SERVICE PROVIDER are of the recommendatory nature and do not empower the 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

CUSTOMER

.....
.....
.....
.....

Piotr Piatrou

.....
(please print your full name)

X

.....
(signature)



ЗАЯВЛЕНИЕ О ВОЗВРАТЕ НАЛОГОВ «Money Transfer Form»

ЗАПОЛНЯЯ ФОРМУ, ПОЖАЛУЙСТА, ПИШИТЕ АНГЛИЙСКИМИ БУКВАМИ

Выберите один из вариантов: Выбор 1: я хочу получить возврат налога на свой банковский счёт
Выбор 2: я хочу получить возврат налога в виде чека на свой домашний адрес



ВНИМАНИЕ: Даже если Вы желаете получить возврат налога банковским переводом, Вы должны указать свой домашний (почтовый) адрес! Пожалуйста, укажите верный адрес, чтобы мы смогли связаться с Вами по этому адресу в течение следующих двух лет. Если Ваш адрес изменится, сообщите нам об этом по эл. почте: info@rttax.com

Ваш домашний адрес:

ВАШЕ ИМЯ:

Piotr Siarheevich Piatrou

(Имя, Отчество, Фамилия)

Tolbukhina str 13 Ap 67

(улица, номер дома, квартиры или номер комнаты)

Minsk

(область, деревня, город)

220054, Belarus

(почтовый индекс и страна)

Ваша банковская информация:

ВАЖНО:

Пожалуйста, свяжитесь со своим банком прежде, чем заполните эту часть. Также вы можете приложить инструкцию из своего банка, как выполнить международный денежный перевод в долларах США на Ваш банковский счет

Если будет предоставлена неправильная или неполная информация, и если банку придется делать повторный перевод, в том случае взимается дополнительная банковская комиссия 50 USD.

RT Tax не берёт на себя ответственность за другие платы, которые могут быть взысканы с клиента его банком-корреспондентом.

Иногда часть возврата налога выплачивается в виде персонального чека.

В таком случае чек будет отправлен на указанный Вами почтовый адрес.

РЕКВИЗИТЫ БАНКА ПОЛУЧАТЕЛЯ

ЛИЧНЫЙ БАНКОВСКИЙ СЧЕТ В ДОЛЛАРАХ США (USD): _____

ИМЯ ВЛАДЕЛЬЦА СЧЕТА: _____

БАНК INFO: _____

(ПОЛНОЕ НАЗВАНИЕ БАНКА; НАЗВАНИЕ ОТДЕЛЕНИЯ БАНКА)

(SWIFT код банка - комбинация из 8 букв и цифр)

(АДРЕС БАНКА: ГОРОД И СТРАНА)

РЕКВИЗИТЫ БАНКА-КОРРЕСПОНДЕНТА:

(Банк-корреспондент не может быть тем же, что и банк-получатель)

(ПОЛНОЕ НАЗВАНИЕ БАНКА)

(SWIFT код банка)

(ДАННЫЕ БАНКА-КОРРЕСПОНДЕНТА)

(АДРЕС БАНКА)

Подписав эту форму, я подтверждаю, что вся предоставленная мной информация верна. Соглашаюсь со всеми условиями, указанными в этой форме.

Подпись: **X**

Дата: 2 0 **09 / 12 / 12**