

## Пакет документов для возврата налогов из Соединённых Штатов Америки (США)

Уважаемый клиент!

Благодарим за то, что Вы решили воспользоваться услугами RT Tax!

Пожалуйста прочитайте инструкции предоставленные ниже:

### Процедура Step-by-step

Пакет документов необходимо отпечатать, заполнить и подписать.

- Регистрационная форма – необходимо заполнить все поля и подписать;
- Прощение о перечислении денег - необходимо заполнить все поля и подписать;
- Доверенность (Power of Attorney) – необходимо заполнить все поля и подписать
- Форма 2848 - заполните только поля помечанные “X”
- Договор (Agreement) - необходимо заполнить все поля и подписать

Дополнительные документы необходимые для возврата налогов:

- Формы W-2 **или** чеки последних зарплат от всех работодателей;  
  
Форма W-2 – это документ, в котором содержится полная информация о Вашей зарплате и уплаченных налогах. Ету форму Вы должны получить до 15 февраля от каждого работодателя. Если Вы не имеете формы W-2 возврат налогов возможен с последним чеком заработка.
- Копия визы;
- Копия карточки “Social Security”;
- Копия DS-2019 формы (если платились налоги Social Security и Medicare (FICA))

Все документы принесите либо отправте по адресу RT Tax региональному представителю Ukraine Exchange.

Почему RT Tax?

- надежная компания;
- меньшие тарифы услуг;
- быстрое обслуживание;
- клиенту предоставляется бесплатный подсчет возвращаемой суммы в Интернете;
- клиент может следить за процессом возврата денег в Интернете.

## UKRAINE EXCHANGE

### KIEV

Ukraine Exchange  
Bogdana Chmelnickogo 35/1, of. 8  
Tel.: +380 442705060  
Email: [info@fiestatour.com.ua](mailto:info@fiestatour.com.ua)

### KRYVYY

Ukraine Exchange  
Kalinichenko str. 3, off. 102  
Tel.: +380 56 4011490  
Email: [uaexchange.kr@gmail.com](mailto:uaexchange.kr@gmail.com)

### ZAPORIZHIA

Ukraine Exchange  
Zhukovskyy str. 57, off. 2  
Tel.: +380 61 2892090  
Email: [exchange.zp@gmail.ru](mailto:exchange.zp@gmail.ru)

### IVANO-FRANKIVSK

The Centre of Informative Services  
Chernovol str. 4  
Tel.: +380 342 552693  
Email: [luniv2005@ukr.net](mailto:luniv2005@ukr.net)

### IVANO-FRANKIVSK

Kolumb  
Shevchenko str. 3, Corps A, 4 floor  
Tel.: +380 342 552588  
Email: [columb.if@gmail.com](mailto:columb.if@gmail.com)

### MELITOPIL

Tavrishesk State Agrotechnological  
University  
B. Khmelnytsky str. 18  
Tel.: +380 619 421372  
Email: [elvira-p@mail.ru](mailto:elvira-p@mail.ru)

### POLTAVA

Poltava State Agrarian  
Academy  
1.3 Skorovoda str.  
Tel.: +380 532 565414  
Email: [khomenko-l@yandex.ru](mailto:khomenko-l@yandex.ru)

### CHERNIGOV

Alta  
Myr str. 17-A, off. 13  
Tel.: +380 462 676004  
Email: [alta@cq.ukrtel.net](mailto:alta@cq.ukrtel.net)

### TERNOPIIL

Fiesta Tour  
Kopernyk str. 1, off. 202  
Tel.: +380 352 255523  
Email: [ponyzhailo@gmail.com](mailto:ponyzhailo@gmail.com)

### DONETSK

Ukraine Exchange  
Ekonomichna str. 2  
Tel.: +380 95 1065630  
Email: [evtushenkohait@mail.ru](mailto:evtushenkohait@mail.ru)

### LVIV

Inteko  
Vyshnebskyy str. 5/3  
Tel.: +380 322 257451  
Email: [inteco@mail.lviv.ua](mailto:inteco@mail.lviv.ua)

### SUMY

Sputnik-Sumy  
Pershotravneva str. 6  
Tel.: +380 542 607640  
Email: [tour@sputnik.sumy.ua](mailto:tour@sputnik.sumy.ua)

### LUGANSK

Dal Eastern Ukrainian University  
"Department of European Studios"  
Molodizhnyy kv. 20-a  
Tel.: +380 642 412066  
Email: [dean\\_fes@snu.edu.ua](mailto:dean_fes@snu.edu.ua)

При возникновении каких либо недоразумений обращайтесь в RT TAX:  
+370 37 320 391; [info@rttax.com](mailto:info@rttax.com)

#### Почему RT Tax?

- надежная компания;
- меньшие тарифы услуг;
- быстрое обслуживание;
- клиенту предоставляется бесплатный подсчет возвращаемой суммы в Интернете;
- клиент может следить за процессом возврата денег в Интернете.

## Дальнейшие действия:

1. Соберите все необходимые документы и предоставьте их региональному представителю RT Tax.
2. Работники RT Tax регионального представителя передадут документы работникам компании RT Tax;
3. Получив Ваши документы RT TAX сообщит о сумме возврата по электронной почте (если сообщения не получите, сообщите нам: [info@rttax.com](mailto:info@rttax.com))
4. RT Tax подготовит все документы и вышлет их в налоговые институции;
5. При получении налогов, деньги будут переведены на счет в банке клиента или будет выписан чек. Об этом Вы будете проинформированы электронным письмом.

## Тарифы на услуги

- Традиционным способом - 9% или минимальная плата за услугу 50 USD
- Быстрым способом - 9% или минимальная плата за услугу 50 USD + 33 USD

Если Вы не предоставили формы W2 или последнего чека заработка RT Tax свяжется с Вашим работодателем и получит копию необходимой формы за дополнительную плату 15USD.

## Период возвращения налогов

Процесс возврата налогов из США начинается после конца финансового года – 1 января.

- Традиционным способом – 90-120 дней;

*Примечание: 90-120 дн. это наиболее часто повторяющийся временной срок, срок возврата может также быть более коротким или длинным. Это зависит от предоставленных клиентом документов, также скорости работы налоговых институций.*

- Быстрым способом – 30-45 дней;

## Social Security и Medicare Tax

Эти налоги возвращаются только участником программы Work and Travel. Работая по программам H-2, Internship или при устройстве на работу другими способами эти налоги не возвращаются.

- Тарифы на услуги - 10% или минимальная плата за услугу 50 USD
- Период возвращения налогов - 6-8 мес.

RT Tax offers Income Tax Refunds for the people who have worked in USA, UK or Ireland.

- Simple refund process;
- Free refund calculations online;
- Tax refund status check online;
- Worldwide direct deposits to client's bank accounts;
- Assistance in getting missing tax refund documents;



# ФОРМА ПРОШЕНИЯ О ВОЗВРАТЕ НАЛОГОВ



ЗАПОЛНЯЯ ФОРМУ, ПОЖАЛУЙСТА ПИШИТЕ АНГЛИЙСКИМИ БУКВАМИ

ВАШЕ ИМЯ:

\_\_\_\_\_ (Имя, отчество, фамилия)

## Секция А: Ваш домашний адрес

### ВАЖНО:

- Не забудьте заполнить СЕКЦИЮ А, так как часть Ваших налогов может быть выслана на Ваш домашний адрес!
- Если ваш адрес поменяется, пожалуйста сообщите нам об этом по адресу info@rttax.com

\_\_\_\_\_ (улица, номер дома, квартиры или номер комнаты)

\_\_\_\_\_ (область, деревня, город)

\_\_\_\_\_ (почтовый код и страна)

## Секция В: Банковская информация

### ВАЖНО:

- Перед заполнением этой части прошения Вы должны позвонить или посетить Ваш банк и выяснить какая информация необходима для перевода денег из-за границы
- Если будет представлена неправильная или неполная информация и если банку придется повторять перечисление, в том случае потребуются дополнительная банковская плата 50 USD.
- RT Tax отсчитает 10USD за перевод. RT Tax не отвечает за сумму отсчитаную банком клиента.

Я СОГЛАСЕН, ЧТОБЫ ВОЗВРАЩЕННЫЕ МНЕ НАЛОГИ  
БЫЛИ ПЕРЕЧИСЛЕННЫ НА БАНКОВСКИЙ СЧЕТ:

\_\_\_\_\_ (номер личного счета)

ИМЯ ВЛАДЕЛЬЦА СЧЕТА:

\_\_\_\_\_ (ИМЯ ВЛАДЕЛЬЦА СЧЕТА)

БАНК INFO:

\_\_\_\_\_ (Полное название банка)

\_\_\_\_\_ (Код SWIFT банка)

АДРЕС БАНКА:

\_\_\_\_\_ (Код банка)

РЕКВИЗИТЫ КОРРЕСПОНДЕНТСКОГО БАНКА:

\_\_\_\_\_ (Полное название банка)

\_\_\_\_\_ (адрес банка)

\_\_\_\_\_ (Код SWIFT банка)

В какой валюте Вы желаете получить перечисление:

USD

**ВАЖНО:** Не забудьте заполнить СЕКЦИЮ А, так как часть Ваших налогов может быть выслана на Ваш домашний адрес!

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

Подпись \_\_\_\_\_

Дата: 20 \_\_ / \_\_ / \_\_

**POWER OF ATTORNEY**

I, the undersigned ..... , date of birth ..... ,  
NIN, PPS or Social Security number ..... , residing at .....  
.....(hereinafter referred to as the “Principal”),  
hereby grant a power of attorney to the company RTT, Inc its officers and / or employees with its registered address  
at 2377 Vista Dr, Woodridge, IL 60517, duly represented by Mr. Audrius Memenas, company executive director  
(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 RTT, Inc its officers and / or employees are given the authority:

1. To act as an agent in dealing with Principal’s income tax return applications for the tax years 2002-2008.
2. To request from the employer and to receive Principal’s W2 to it’s own address: RTT, Inc. P.O. Box 5340, Woodridge, IL 60517.
3. To request from the employer and to receive Principal’s P-45/P-60 to it’s own address: RTT, Inc. P.O. Box 219, Kaunas LT-44001, Lithuania.
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 RTT, Inc 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 of RTT, Inc its 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 of the date of its signing.

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

# Agreement

Place: .....

Signed this ..... day of ....., 20.....

RTT Inc, with a registered address 2377 Vista Dr, Woodridge IL 60517, USA represented by owner Mr. Audrius Memenas, 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.

2.2.2. To provide SERVICE PROVIDER true, accurate and correct information necessary for the completion of the tax refund.

2.2.3. By signing the power of attorney to give the SERVICE PROVIDER the authority to prepare, sign and file tax return, to receive and endorse (if necessary) tax refund checks or receive tax refunds to its own bank account.

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. 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 50 USD (USA returns), 50 GBP (England returns), 60 EUR (Ireland returns).

2.2.6. 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 50 USD.

2.2.7. Not to spread and not to use for his/her own aims or the interests of others the commercial and technological secrets of the SERVICE PROVIDER which become known during the performance of this agreement.

2.2.8. 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 2.2.5. and 2.2.6. 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 USA, England or Ireland laws, rules and regulations, manner of refunding taxes or due to the circumstances, which was 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.

**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*

RTT Inc.  
2377 Vista Dr  
Woodridge IL 60517  
USA  
Director: Mr. A. Memenas



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

.....  
(signature)