taxback.com

US/ABD

TAX REFUND/ AMERIKAN VERGI IADESI

Belgeleri doldurunuz ve imzalayınız. Doldurduğunuz evrak paketine W2 formunuzu veya son payçekinizi (herbir işveren için), pasaportunuzdaki vizenizin veya DS 2019 formunuzun kopisini ve Social Security kartınızın kopisini ekleyiniz ve tüm belgeleri tarattıktan sonra şu mail adresine gönderiniz; **USdocuments@taxback.com**

APPLICATION FORM / BAŞVURU FORMU

1 Formları imzalayınız

2 Vergi iadesi için gerekli bilgiler ile birlikte gönderin

3 Vergi iadenizi alın

taxback.com

US Head Office:
333N. Michigan Ave.
Suite 2415
Chicago, IL 60601
USA
P: 001 888 203 8900
F: 001 312 873 4202
E: info@taxback.com
W: www.taxback.com

European Address:
12-14 College Green
Dublin 2, Ireland
P: 00353 1 887 1999
F: 00353 1 670 6963

1 CONTACT INFORMATION / İLETIŞIM BILGILERI:

P LEASE PRINT IN BLOCK CAPITALS *in ENGLISH / LUTFEN BÜYÜK HARFLER İLE DOLDURUNUZ*

Mr/bay: ☐ Mrs / Ms / bayan: ☐ First Name / Adınız:

Surname /Soyadınız: Middle Initial / Orta adınız: ☐

Date of Birth / Doğum tarihiniz: gün / ay / yıl Tel:

Email: Mobile / Cep tel:

Home Country / Ülke:

How did you hear of our service / Servisimiz hakkında nereden bilgi edindiniz?

Postal address / Ev adresiniz:

2 VISA INFORMATION / VİZE BILGİLERİ:

Please X the correct option / Lutfen X işareti ile işaretleyeniz : Visa Type / Vize tipi:

Program type / Program tipi :
WAT ☐ Intern ☐ Other / Diğer ☐

J1 ☐ F1 ☐ H1B ☐ H2B ☐ Q ☐ L ☐ E ☐ P ☐ O ☐ Other / Başka ☐

Date of arrival in the USA / ABD'ye giriş tarihi: gün / ay / yıl Date of departure from the USA / ABD'den çıkış tarihiniz : gün / ay / yıl

Have you applied for this refund before/ Vergi iadenizi almanız için başka başvuruda bulundunuz mu? Yes/ Evet ☐ No / Hayır ☐

What was the cost of your programme to the US / ABD'ye gitme programınız kaç paraya mal oldu? $

What was the cost of your flight to the US / Uçak biletiniz kaç paraya mal oldu? $

Vize sahibi ve program süresi boyunca kendi ülkelerinde giderleri olan kişiler daha fazla vergi iadesi alabilirler.

Please tick which living expenses you paid for in your home country, while you were on your US program / ABD'de bulunduğunuz süre boyunca ülkenizde olan giderlerinizi işaretleyiniz: :

Insurance (medical, home, vehicle, etc) / Sigorta (sağlık, ev, araba, diğer): ☐

Mobile phone costs / Cep telefonu giderleri:: ☐

Club membership (gym, sports, social, etc) / Üyelik (jimnastik, spor, sosyal klüb, diğer): ☐

Housing costs (rent, mortgage, board, etc) / Ev giderleri (kira, ipotek, yurt, diğer): ☐

Transportation (car, motorbike, bicycle, etc) / Ulaşim (araba, motorsiklet, bisiklet, diğer) ☐

Other / Başka: ☐

ABD'ye gitmeden önce veya döndükten sonra kendi ülkenizde tam gün veya part-time çalıştıysanız veya ABD'de bulunduğunuz süre boyunca ülkenizde sürekli giderleriniz olmuş ise daha fazla vergi iadesi alabilirsiniz.

1. Did you have a job in your home country? / Ülkenizde işiniz varmıydı? Yes/ Evet ☐ No / Hayır ☐
2. Do you intend to return to that job when you leave the US? / ABD'den döndükten sonra bu işinize dönmeyi düşünüyormusunuz? Yes/ Evet ☐ No / Hayır ☐
3. Do you have a permanent address in your home country? / Ülkenizde sürekli kayıtlı olduğunuz adres var mı? Yes/ Evet ☐ No / Hayır ☐
4. Do you intend to return to this address when you leave the US?/ ABD'den döndükten sonra bu adrese geri dönmeyi düşünüyormusunuz? Yes/ Evet ☐ No / Hayır ☐
5. Did you pay money towards a household in your home country while in the US?/ ABD'de bulunduğunuz süre boyunca ülkenizdeki yakınlarınıza para gönderdiniz mi? Yes/ Evet ☐ No / Hayır ☐
6. Are you entitled to vote in your home country? / Ülkenizde oy kullanma hakkına sahipmisiniz? Yes/ Evet ☐ No / Hayır ☐
7. Do you have a bank account in your home country? / Ülkenizde banka hesabınız var mı? Yes/ Evet ☐ No / Hayır ☐
8. Did you receive mail to your home address while in the US?/ ABD'de bulunduğunuz süre boyunca ülkenizdeki posta adresinize posta iletildi mi? Yes/ Evet ☐ No / Hayır ☐

3 EMPLOYMENT INFORMATION / İŞYERI BILGILERI:

1st Company Name / Şirket adı : Final work date / Son işgünü tarihiniz: gün / ay / yıl

City / Şehir: State / Eyalet: Tel:

Do you have your W2 Form?/ W2 formunuz var mı? Yes/ Evet ☐ No / Hayır ☐

If no, would you like us to get a replacement for you?*/ W2 formunuz yok ise sizin adınıza temin etmemizi istermisiniz es/ Evet ☐ No / Hayır ☐

2nd Company Name / Şirket adı : Final work date / Son işgünü tarihiniz: gün / ay / yıl

City / Şehir: State / Eyalet: Tel:

Do you have your W2 Form?/ W2 formunuz var mı? Yes/ Evet ☐ No / Hayır ☐

If no, would you like us to get a replacement for you?*/ W2 formunuz yok ise sizin adınıza temin etmemizi istermisiniz Yes/ Evet ☐ No / Hayır ☐

*Sizin adınıza belge edinme ekstra ücrete tabidir. İki işyerinden daha çok işyeriniz var ise başka bir kağıda yazınız.

taxback.com

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US/ABD
TAX REFUND/ AMERIKAN VERGI IADESI

CUSTOMER AGREEMENT / SÖZLEŞME

I confirm that / Altta yazan bilgileri teyid ediyorum,

1. I understand that taxback.com is a trading name for ESS Ltd. / Taxback.com ESS Ltd'in ticari adı olduğunu anlıyorum.
2. I have not filed an income tax return/applied for an income tax refund for the USA for this tax year or authorized any other party to do so on my behalf. / Şu ana kadar vergi iadesi ile ilgili beyanname vermiş / başvuru başlatmış değilim, ayrıca üçüncü şahıslara vergi iade işlemleri ile ilgili yetki vermiş değilim.
3. I have signed the necessary power of attorneys to authorize Taxback. Inc, trading as taxback.com, and owned by European Student Services Ltd., 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). / Vergi iade işlemleri için gerekli evrakları imzaladım ve Taxback. Inc, ticari adı taxback.com olan, European Student Services LTD'in sahibi olduğu, daha sonraki kısımlarda Aracı şirket olarak anılan taxback.com'a vergi iade işlemlerimi başlatması ve beni Amerikan vergi dairesi'nin önünde temsil etmesi için yetkilendiriyorum.
4. I authorize the Agent to receive all correspondence from the US Tax Authorities on my behalf. / Aracı şirket'in Vergi dairesi ile olan tüm yazışmaları benim adıma temin etmesi ve yürütmesi için yetki veriyorum..
5. I want to avail of the offer to "pay no fee up-front" when I sign up for the service. In order to avail of this option, I understand that the fee will need to be paid by me when the refund has been issued by the US Tax Authorities. / "Komisyonu sonradan ödeme" seçeneğini kullanmak istiyorum. Bunun için komisyon miktarını Amerikan vergi dairesi tarafından çekin ulastığında ödeyeceğimi anlıyorum ve kabul ediyorum.
6. I authorize the Agent to receive my refund cheque(s) from the Tax Authorities. / Aracı şirket'in Vergi dairesinden ulaşacak çekleri benim adıma almasına yetki veriyorum.
7. I further authorize the Agent to endorse the cheques, deduct the necessary fee and to send me the remaining amount. / Aracı şirket'in ulaşacak çekleri paraya tahvil etmesine, komisyon miktarını kesmesine ve geri kalan miktarı bana göndermesine yetki veriyorum.
8. I understand that once my refund is processed, I will be contacted by the Agent with regard to payment options for receiving my refund and will be able to provide my bank details. / Vergi dairesinde vergi iade işlemlerimin sonuçlandığında Aracı şirket'in benimle iritbata geçecegini ve banka detaylarımı vermem gerektiğini anlıyorum ve kabul ediyorum.
9. Should the Agent choose for any reason not to endorse the cheque, I understand and agree that I will pay the fee due and will cash the tax office refund cheque myself. / Eğer Aracı şirket çekleri paraya tahvil etmez ise, komisyon miktarını ödemem gerektiğini ve çekleri benim paraya tahvil etmem gerektiğini anlıyorum ve kabul ediyorum.
10. 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. / Vergi iademi Aracı şirket dışında herhangi bir şekilde temin edersem komisyon miktarını ödemem gerektiğini anlıyorum ve kabul ediyorum.
11. Should 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. / Daha önceki vergi yılları ile ilgili Amerikan vergi dairesi'ne borcum var ise ve bu borcu Vergi dairesi alacağım vergi iadesinden keser ise Aracı şirket'e işlem yapılan her yıl için komisyon ödemem gerektiğini anlıyorum ve kabul ediyorum.
12. 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. / Vergi iade miktarı ile ilgili son kararı Amerikan vergi dairesi'nin vereceğini anlıyorum. Aracı şirket'in yürürlükte olan kanunlara göre bana vergi iade hesaplaması yapacağı, ancak bu hesaplamanın garanti miktar olmadığını anlıyorum ve kabul ediyorum.
13. I agree to and accept the terms and conditions of service as written online at www.taxback.com and to any changes in the terms and conditions which Taxback Inc may affect 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. / Taxback.com'da yayınlanmış olan şartlari, Taxback Inc'in yapabileceği degişiklikleri kabul ediyorum. Taxback Inc ve bünyesinde olan şirketlerin benden talep edeceği komisyon miktarını ödemem gerektiğini anlıyorum ve kabul ediyorum.
14. I confirm that I have given the Agent all information needed and available to me. / Bende olan tüm bilgileri ve benden istenen tüm bilgileri Aracı şirket'e ilettiğimi teyid ediyorum.
15. I commit to updating the Agent of any change in my contact details. / İrtibat bilgilerimde olabilecek her değişikliği Taxback. Inc.'e bildirmem gerektiğini kabul ediyorum.

taxback.com

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F: 001 312 873 4202
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W: www.taxback.com

European Address:
12-14 College Green
Dublin 2, Ireland
P: 00353 1 887 1999
F: 00353 1 670 6963

Name in print / İsim, soyisim: ______________________ Date / Tarih: ____________________

Signature / İmza: ______________ Social Security Number / Sosyal Security numarası: ____________________

Form **2848**

(Rev. June 2008)

Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ **Type or print.** ▶ **See the separate instructions.**

OMB No. 1545-0150

For IRS Use Only

Received by:

Name ____________

Telephone ____________

Function ____________

Date ____ / ____ / ____

Part I Power of Attorney

Caution: *Form 2848 will not be honored for any purpose other than representation before the IRS.*

1 **Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address	Social security number(s)	Employer identification number
c/o 20 Eden Quay, Dublin 1, Ireland		
	Daytime telephone number ( )	Plan number (if applicable)

hereby appoint(s) 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	
AK Tax Services Inc., 1835 N. Milwaukee, Chicago, IL 60647	CAF No. ____________ Telephone No. 773 252 808 Fax No. ____________ Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Taxback Inc., 333 North Michigan Ave., Suite 2415 Chicago, IL 60601	CAF No. ____________ Telephone No. 888 203 8900 Fax No. 312 873 4202 Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
	CAF No. ____________ Telephone No. ____________ Fax No. ____________ Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 **Tax matters**

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Individual Income Tax	1040, 1040NR	2009, 2008, 2007, 2006
FICA Tax	843, 8316	2009, 2008, 2007, 2006

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

5 **Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: This Power of Attorney is being filed pursuant to Regulations 1.6012-1(a)(5), which requires a Power of Attorney to be attached to the return if a return is signed by an agent, by reason of continuous absence from the United States.

6 **Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here ____________ and list the name of that representative below.

Name of representative to receive refund check(s) ▶

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
B	**ILLINOIS**		
H			

Form **8821**

(Rev. August 2008)

Department of the Treasury
Internal Revenue Service

Tax Information Authorization

▶ **Do not sign this form unless all applicable lines have been completed.**

▶ **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

Taxback Inc., 333 North Michigan Ave., Suite 2415
Chicago, IL 60601

CAF No.

Telephone No. **888 203 8900**

Fax No. **312 873 4202**

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.)
Individual Income Tax	**1040, 1040NR**	**2009, 2008, 2007, 2006**	

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 4. 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 4.

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.**

▶ **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature Date

Signature Date

Print Name Title (if applicable)

Print Name Title (if applicable)

☐☐☐☐☐ PIN number for electronic signature

☐☐☐☐☐ PIN number for electronic signature

Form **8822** (Rev. December 2008) Department of the Treasury Internal Revenue Service

Change of Address

▶ **Please type or print.**

▶ **See instructions on back.** ▶ **Do not attach this form to your return.**

OMB No. 1545-1163

Part I Complete This Part To Change Your Home Mailing Address

Check **all** boxes this change affects:

1 ☑ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)

▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here . . . . ▶ ☐

2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)

▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name ▶ Social security number

3a **Your name** (first name, initial, and last name)

3b **Your social security number**

4a **Spouse's name** (first name, initial, and last name)

4b **Spouse's social security number**

5 **Prior name(s).** See instructions.

6a **Old address** (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Apt. no.

6b **Spouse's old address,** if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Apt. no.

7 **New address** (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Apt. no.

ESS Ltd., 20 Eden Quay, Dublin 1, Ireland

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check **all** boxes this change affects:

8 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)

9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)

10 ☐ Business location

11a **Business name**

11b **Employer identification number**

12 **Old mailing address** (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Room or suite no.

13 **New mailing address** (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Room or suite no.

14 **New business location** (no., street, city or town, state, and ZIP code). If a foreign address, see instructions. Room or suite no.

Part III Signature

Daytime telephone number of person to contact (optional) ▶ ( )

Sign Here

Your signature Date

If Part II completed, signature of owner, officer, or representative Date

If joint return, spouse's signature Date

Title

BELGELERI DOLDURMA TALIMATLARI

taxback.com

US Head Office:
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W: www.taxback.com

European Address:
12-14 College Green
Dublin 2, Ireland
P: 00353 1 887 1999
F: 00353 1 670 6963

Vergi iadenizi alabilmeniz için evraklarınızı altta yazdığı gibi doldurunuz:

- Amerikan vergi dairesine ait üç formun (2848, 8821, 8822) kalem ile işaretlenmiş boşluklarını imzalayınız ve
- son payçekinizin veya W2 formunuzun kopisini, DS 2019 formunuzun veya pasaportunuzdaki vizenizin kopisini, Social security kartınızın kopisini ve Sözleşme'yi ekledikten sonra belgeleri mail yolu ile bize gönderiniz.

Çıktısını aldığınız 3 form ve Sözleşme'yi şu şekilde doldurunuz:

- 2848 formu – iki sayfa:
  Sayfa 1: kalem ile işaretlenmiş boşluğa adınızın soyadınızın başharflerini yazınız
  Página 2: Sayfa 2: Kalem ile işaretli boşlukları imzalayınız ve tarih yazınız

- 8821 ve 8822 formları - Kalem ile işaretli boşlukları imzalayınız ve tarih yazınız
- Sözleşme - İmzalayınız ve tarih yazınız
- Kimlik – Social security kartınızın kopisini ekleyiniz. Kartınız yok ise pasaportunuzda kişisel bilgilerinizin olduğu sayfanın kopisini ekleyiniz.
- Ödeme belgeleriniz – son payçekiniz veya W2 formunuz, herbir işveren için
- İletişim bilgileri: telefon numaranızda veya email adresinizde değişiklik olur ise bize bildiriniz. Bu bilgiler paranızı size ulaştırabilmemiz için gerekli.

Belgeleri en kolay şu şekilde ulaştırabilirsiniz: Tarattıktan sonra usdocuments@taxback.com adresine gonderiniz.

1. Amerikan vergi dairesinin taratma kriterleri:
   1. Yükseklik 11 inç (279mm);
   2. Genişlik 8,5 inç (216mm)

2. Siyah beyaz taratma seçeneğini işaretleyiniz.

3. Rezulüsüyonu 300 dpi olarak ayarlayınız.

4. Tarattığınız belgeleri JPEG veya PDF formatında kayıt ediniz.

5. Tarattığınız belgelerin herbiri 2MB'tan büyük olmamalı.

Taratma ile ilgili sorun yaşarsanız lütfen bizimle irtibata geçiniz:
www.taxback.com/chat veya www.taxback.com/contactus.asp

POWER OF ATTORNEY

I, __________ FULL NAME __________, Date of Birth: MONTH / DAY / YEAR

SSN (last 4 digits) ☐☐☐☐

hereby appoint the following representative as attorney-in-fact:

Taxback Inc.
333 N. Michigan Avenue
Suite 2415
Chicago IL 60601

to act as my legal representative before my employer(s), to perform any and all acts I can perform with regards to the following matters:

(a) to review, receive and collect original and copied W-2 forms, tax information statements, earnings statements an any other payroll, tax and income related forms and information.

(b) to deal with my Social Security and MediCare (FICA) tax rebate and to receive tax information and refund checks issued in my name at the address stated above.

This Power of Attorney shall become effective immediately on the date signed and shall terminate on the date these matters are completed.

This Power of Attorney revokes all prior Power of Attorney(s) filed.

I am fully informed as to all the contents of this form and understand the full import of granting these powers to my representative.

Signed: ____________________ Date: MONTH / DAY / YEAR

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