



# Регистрационен формуляр

Въстановяване на данъци от Ирландия

RT Tax Bulgaria

**МОЛЯ ИЗПОЛЗВАЙТЕ ЛАТИНСКИ БУКВИ!**

Име: **ИМЕ**

Презиме: **ПРЕЗИМЕ**

Фамилия: **ФАМИЛИЯ**

Дата на раждане: 19 99 / 99 м / 99 д Тел./Моб.: 999 999 999 999

E-mail: email@email.com

PPS: AB 12 34 56 C PPS - Personal Public Service Number (Ireland)

**Моля въведете ВСИЧКИ пристигания и заминавания от/до Ирландия, с изключение на кратките ваканции:**

Дата на пристигане в Ирландия 2 0 <u>09</u> г / <u>07</u> м / <u>10</u> д	Дата на заминаване от Ирландия 2 0 <u>09</u> г / <u>10</u> м / <u>01</u> д
Дата на пристигане в Ирландия 2 0 <u>10</u> г / <u>08</u> м / <u>01</u> д	Дата на заминаване от Ирландия 2 0 <u>10</u> г / <u>12</u> м / <u>03</u> д
Дата на пристигане в Ирландия 2 0 __ г / __ м / __ д	Дата на заминаване от Ирландия 2 0 __ г / __ м / __ д
Дата на пристигане в Ирландия 2 0 __ г / __ м / __ д	Дата на заминаване от Ирландия 2 0 __ г / __ м / __ д
Дата на пристигане в Ирландия 2 0 __ г / __ м / __ д	Дата на заминаване от Ирландия 2 0 __ г / __ м / __ д

Кандидатствали ли сте някога за TAX Refund в RT Tax, или друга компания, или сами? **Да**  **Не**

Ако "Да" обяснете подробно: \_\_\_\_\_

**За коя година(и) претендирате въстановяването на Вашите данъци с RT Tax?** \_\_\_\_\_

Вашия адрес по време на престоя Ви в Ирландия: \_\_\_\_\_ **Вашия адрес в родната Ви страна:** \_\_\_\_\_

**ВАШИЯ АДРЕС ПО ВРЕМЕ** \_\_\_\_\_ **ВАШИЯ АДРЕС В РОДНАТА** \_\_\_\_\_

**НА ПРЕСТОЯ ВИ В ИРЛАНДИЯ** \_\_\_\_\_ **ВИ СТРАНА** \_\_\_\_\_

## Информация за работата

Колко работодатели имате? 2

Трябва да посочите ВСИЧКИ ВАШИ РАБОТОДАТЕЛИ. Неспазването на това може да предизвика проблеми, при въстановяването на данъците Ви.

<b>1. Компания: КОМПАНИЯ</b>	<b>2. Компания: КОМПАНИЯ</b>
Адрес: <u>АДРЕС</u>	Адрес: <u>АДРЕС</u>
Тел./Факс: <u>ТЕЛ./ФАКС</u>	Тел./Факс: <u>ТЕЛ./ФАКС</u>
E-mail: <u>E-MAIL</u>	E-mail: <u>E-MAIL</u>
Работил/а от: <u>2009 г / 07 м / 15 д</u> до <u>2009 г / 10 м / 01 д</u>	Работил/а от: <u>2010 г / 08 м / 12 д</u> до <u>2010 г / 12 м / 03 д</u>

Бележки на клиента:

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Бележки на RT Tax:

Доход: \_\_\_\_\_

Платени данъци: \_\_\_\_\_

С подписването на този документ аз заявявам, че информацията, предоставена от мен е пълна, точна и вярна.

Подпис: **Х ПОДПИС**  
Дата: **ДАТА**



# Power of attorney

Ireland

I, the undersigned ....., date of birth ....., PPS number .....residing at .....

(hereinafter referred to as the "Principal"), hereby grant a power of attorney to the company, A & Z Group, UAB **TAIN 74531A** its officers and / or employees based in Laisves Aleja 67, Kaunas LT-44304, LITHUANIA, to sign, verify and file all the principal's individual repayment claims and other tax returns; receive all tax refunds; examine and copy all the principal's tax returns and records; represent the principal before any taxing body 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 A & Z Group, UAB its officers and/or employees are given the authority:**

- To act as principal's agent in dealing with all aspects of the filing of principal's Irish PAYE refund claim and income tax return for the tax years 2011-2015.
- To receive personal tax refund cheques issued in Principal's name or tax refund transfers 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.
- To request from the employer and to receive Principal's P-45/P-60 to it's own address: A & Z Group, UAB Laisves Al. 67, Kaunas LT-44304, Lithuania.
- To use own postal address on the Principal's tax returns. To receive all correspondence from the Ireland Tax Authorities.

The undersigned does hereby appoint A & Z Group, UAB officers and / or employees as his/her attorney to receive, endorse, and collect cheques payable to the order of the undersigned.

All rights, powers and authority of A & Z Group, UAB 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 25 day of месец, 2013

Signature of the Principal: **Х ПОДПИС**

I understand that any refund made by the Revenue Commissioners to my agent, TT EXPRESS, UAB (insert name of tax agency), on my behalf is refunded in a similar manner as if same were being refunded directly to me and that once the refund is transferred into the bank account nominated by me I have no further call upon the Revenue Commissioners in respect of same. I understand that TT EXPRESS, UAB (insert name of tax agency) is acting as my agent and is solely responsible to me in respect of any refund received by them on my behalf. I further understand that my agent TT EXPRESS, UAB (insert name of tax agency) is an independent entity and that the Revenue Commissioners make no endorsement of my agent or any such agency and cannot accept any responsibility whatsoever for problems encountered by me in dealing with them.

I understand and agree that TT EXPRESS, UAB (insert name of tax agency) will input its own bank account details on the Revenue record for the duration of this mandate and will remove these details on the cessation of the mandate.

I confirm that I am aware of, and agree to, the payment of the fees charged by TT EXPRESS, UAB (insert name of tax agency) in respect of the services carried out on my behalf and that this fee will be deducted from any amount refunded by Revenue and that the balance of this amount will be paid to me.

### 3. Terms and Conditions of Authorisation

I understand that Tax law provides for both civil penalties and criminal sanctions for the failure to make a return, the making of a false return, facilitating the making of a false return, or claiming tax credits, allowances or reliefs which are not due.

I confirm that I will provide the necessary documentation to A and Z GROUP, UAB (insert name of tax agency) to support any refund, credit claims or claims for allowances and reliefs made to Revenue on my behalf by A and Z GROUP, UAB (insert name of tax agency).

I confirm that I will provide details of all my sources of income to A and Z GROUP, UAB (insert name of tax agency).

I understand that A and Z GROUP, UAB (insert name of tax agency) is required to retain a copy of all documentation relating to any refund or credit or allowance or relief claimed by the agent on my behalf and that the agent will be required to produce same to Revenue upon request.

Signed **X ПОДПИС** (Client) Date

Signed \_\_\_\_\_ (Agent) Date

## FORM P50 FIRST CLAIM FOR A REPAYMENT OF INCOME TAX AND/OR UNIVERSAL SOCIAL CHARGE (USC) DURING UNEMPLOYMENT



Please read the INFORMATION NOTES overleaf BEFORE completing this form. N.B. Form P45 Parts 2 & 3 MUST accompany this claim.

Name and Address   
Laisves AI 67  
Kaunas LT-44304  
LITHUANIA

PPS Number

Employer Number

Date of Cessation of Employment

Refer to your Form P45 for answers to above

### ALL SECTIONS AND THE DECLARATION MUST BE COMPLETED

Details of income received by you since the date you became unemployed Insert  in appropriate box(es) below

Jobseeker's Benefit  Other Income received from the Department of Social Protection

Illness Benefit State payment type

In the case of the above, state the date this income started

Number of children included in your claim  Gross weekly amount €

Jobseeker's Assistance (this is not a taxable source of income)

Other Income not subject to PAYE Gross amount received to date €

State the source of this income

Do you intend to resume employment in Ireland before 31 December next? Y/N

If the answer is "No", state reason  LEFT IRELAND

If resuming education, state name of school/college

Are you making this claim on the basis that you are going abroad? Y/N

If the answer is "Yes" state:

(a) country of destination

(b) intended departure date  (c) duration of stay abroad  Permanent

Do you intend to take up employment abroad? Y/N

Address abroad for correspondence   
Laisves AI 67  
Kaunas LT-44304, LITHUANIA

### Refunds

If you wish to have any refund paid directly to your bank account, please supply your bank account details.

### Single Euro Payments Area (SEPA)

From 1 February 2014, account numbers and sort codes have been replaced by International Bank Account Numbers (IBAN) and Bank Identifier Codes (BIC). These numbers are generally available on your bank account statements. Further information on SEPA can be found on [www.revenue.ie](http://www.revenue.ie).

It is not possible to make a refund directly to a foreign bank account that is not a member of SEPA.

### International Bank Account Number (IBAN) (Maximum 34 characters)

I E 8 2 A I B K 9 3 2 0 8 6 3 9 8 9 9 0 3 5

### Bank Identifier Code (BIC) (Maximum 11 characters)

A I B K I E 2 D

Note: Any subsequent Revenue refunds will be made to this bank account unless otherwise notified.

I declare that I am unemployed and that all particulars given in this form are stated correctly

Signature **X ПОДПИС** Date:

Telephone or E-mail:

A person who knowingly makes a false statement for the purpose of obtaining repayment of income tax is liable to heavy penalties.

This Services Agreement (the "Agreement") is executed by and between:

Date: .....

(1) Torus Solution NV (dba RT Tax), company code 126057, represented by the person duly authorized under existing legislation (the "Service Provider"); and

(2) ....., date of birth ..... (the "Client").

Hereinafter the Service Provider and the Client together are referred to as the "Parties" and each separately as the "Party".

#### RECITALS

(A) The Service Provider provides tax refund and related services and the Client wishes to recover the personal income tax paid due to work abroad or on other grounds.  
(B) The Parties wish to agree on the terms and conditions of tax refund.

#### 1. Subject matter

1.1. In accordance with the terms and conditions set in this Agreement, the Service Provider shall provide to the Client tax refund and related services, i.e. shall draw up the documents necessary for the refund of the taxes paid by the Client in the United States of America, United Kingdom, Ireland, the Netherlands, Germany, Norway, Canada, New Zealand, Australia or other jurisdiction and shall present them to the corresponding tax authorities or other competent institutions (the "Services"), and the Client shall accept and remunerate for such Services.

1.2. By this Agreement the Client authorises the Service Provider to prepare, sign and file tax returns and to receive all correspondence, including tax refund cheques, from tax authorities. Service Provider will as necessary disclose that he is acting as the nominee of the Client and all the actions are made in the name and on behalf of the Client.

1.3. The final amount of the taxes to be refunded shall be established by a competent institution of the foreign country. The amounts calculated by the Service Provider are for information purposes only and do not entitle the Client to claim the preliminarily calculated amount.

#### 2. Terms of Provision of Services

2.1. The Service Provider hereby undertakes:

- 2.1.1. to provide the Client information on the documents that the Client needs to submit to the Service Provider for the purposes of filing for the tax refund;
- 2.1.2. to collect, complete and sign all the required forms, requests and other related documents on behalf of the Client;
- 2.1.3. to submit the required documents to the respective tax authorities or other competent institutions that are responsible for tax refunds;
- 2.1.4. to inform the Client about the process of the tax refund and other related matters at the Client's request;

2.2. The Client hereby undertakes:

- 2.2.1. to provide to the Service Provider complete, true and accurate information and documents (originals and copies) required for the completion of the tax refund. The Client is entitled to provide the information either by filling in paper forms provided by Services Provider or by filling in the online information form available at the Service Provider's internet site;
- 2.2.2. to fill in and sign any forms and other documents required for the completion of the tax refund;
- 2.2.3. to inform the Service Provider immediately and in all cases not later than within 5 (five) days, if the foreign tax or other authority transfers the refunded amount or a part thereof or sends the Tax Refund Cheque for the full refund amount or a part thereof directly to the Client and to pay the Service Fees to the Service Provider; during the validity term of this Agreement to abstain from executing tax refund services agreements with other service providers;
- 2.2.5. to inform the Service Provider of the new employment or self-employment in a foreign country;
- 2.2.6. to inform the Service Provider of any changes in the Client's contact details or about any other changes that may have impact to the tax refund. The information can be updated on the internet site of the Service Provider or e-mailed;
- 2.2.7. to pay the Service Provider the Service Fee as set out in Section 3 hereof.

#### 3. The Services Fees

3.1. The fee for the Services (the "Service Fee") for refunding taxes for each tax year shall be:

- 3.1.1. For the "REGULAR" USA tax refund (Federal and State), if the tax refund amount is between USD 0-200, the service fee shall be USD 50; USD 201-600, the service fee shall be USD 70; USD 601-800, the service fee shall be USD 80; USD 801 and more, the service fee shall be 10% from the refunded amount.
- 3.1.2. Additional Fees applies for the "Fast"- 33 USD and for the "Express"- 99 USD USA tax refund. "Fast" and "Express" is available for Federal and State tax refund only.
- 3.1.3. USA tax refund (Social Security and Medicare): the service fee shall be 10% from the refunded amount, with a fixed minimum of USD 90;
- 3.1.4. United Kingdom, if the tax refund amount is between GBP 0-100, the service fee shall be GBP 30; GBP 101-500, the service fee shall be GBP 60; GBP 501 and more, the service fee shall be 12% from the refunded amount.
- 3.1.5. Ireland: if the tax refund amount is between EUR 0-100, the service fee shall be EUR 30; EUR 101-500, the service fee shall be EUR 60; EUR 501 and more, the service fee shall be 12% from the refunded amount.
- 3.1.6. Ireland tax refund (Universal Social Charge (USC)): the service fee shall be 11% from the refunded amount with a fixed minimum of 60 EUR;
- 3.1.7. Norway: the service fee shall be 16% from the refunded amount, with a fixed minimum of NOK 690.
- 3.1.8. The Netherlands: if the tax refund amount is between EUR 0-100, the service fee shall be EUR 30; EUR 101-500, the service fee shall be EUR 60; EUR 501 and more, the service fee shall be 12% from the refunded amount.
- 3.1.9. The Netherlands social security (Zorgtoeslag) refund: the service fee shall be 15% from the refunded amount with a fixed minimum of EUR 49;
- 3.1.10. Germany: if the tax refund amount is between EUR 0-100, the service fee shall be EUR 30; EUR 101-400, the service fee shall be EUR 60; EUR 401 and more, the service fee shall be 14% from the refunded amount.

3.2. The additional fees:

- 3.2.1. For the retrieval of the lost or missing documents shall be for W2 (USA) – USD 15, P-45/P-60 (United Kingdom) – GBP 15, P-60 (Ireland) – EUR 17, RF-1015B (Norway) – NOK 150, "Jaaropgaaf" form (the Netherlands) – EUR 17, "Lohnsteuerkarte" (Germany) – EUR 17. For filling the USA amended tax return (Form 1040X) the fee is 50USD.
- 3.2.2. The fee for the receipt of international money transfer or check cashing, money remittance and other bank services shall be 15EUR.

3.3. The Client shall also compensate the fees and costs incurred by the Service Provider in the tax refund process that could not be foreseen at the moment of the execution of this Agreement as listed in the pricelist of the Service Provider.

3.4. The amount of the payable VAT (if applicable) shall be added to all amounts indicated in Sections 3.1-3.3 hereof. The fees established in Sections 3.1-3.2 may be changed by the Service Provider unilaterally and shall be applicable to any request of the Client to provide the Services submitted after the Client has received notice on the change of fees.

3.5. The Service Fee shall be deducted from the amount received after the tax refund prior to the transferring it to the Client's account.

#### 4. Liability

4.1. If the Client terminates the Agreement for the other reasons than failure by the Service Provider to perform its obligations after the filing for the tax refund is done or in case of breach of obligations set out in Section 2.2.4 hereof, the Client shall pay the fine of USD 100 and shall cover all expenses of the Service Provider incurred due to the termination of the Agreement, not covered by the fine.

4.2. The Service Provider shall not be liable for: the delays in refunding taxes if the delay is caused by the foreign tax or other competent institutions; the failure to refund taxes, for the tax liability or for any other negative consequences, which occurred due to false, inaccurate or incomplete information provided by the Client or due to Client's prior financial commitments to any foreign tax or other institutions; the negative consequences incurred by the Client due to the changes in the applicable laws, rules, regulations or procedures applicable for the tax refund; additional bank charges, if the bank needs to repeat the transfer because of the incorrect or not full information provided; and any fees charged by the Client's or intermediary bank.

#### 5. Validity of the Agreement

5.1. The Agreement shall come into force upon signing of it by both Parties and shall be valid until the proper and full performance of the obligations of the Parties set in the Agreement. The Agreement may be terminated by the mutual agreement of the Parties. The Client shall have the right to unilaterally terminate the Agreement prior to the filing for tax refund by informing the Service Provider in accordance with Section 6.1 hereof.

#### 6. Miscellaneous

6.1. All additions, amendments and annexes to the Agreement shall be valid if they are executed in writing and signed by both Parties without prejudice to Sections 3.1-3.4 hereof. The electronic copy of the Agreement shall be provided to the Principal at his request after it is executed by the Agent. The disputes arising between the Parties regarding this Agreement or during the performance of this Agreement are settled by way of negotiations. In case of failure to come to an agreement, the disputes shall be finally settled by the competent court. All notices and other communication under this Agreement shall be in writing and shall be handed in person or sent by regular mail, e-mail or fax.

Client X ПОДПИС

# ДОКУМЕНТИ ИРЛАНДИЯ (ПРИМЕРИ)

P-45

P-60

PPS Certificate

**ОБЩО ДАНЪЦИ ПЛАТЕНИ**

**P45** CERTIFICATE NO. **A 710075** INCOME TAX - PAY AS YOU EARN - CESSATION CERTIFICATE  
**Particulars of Employee Leave**

Sumname of Employee: **K** Address: **CO CORK**  
First Name: **V**  
PPS Number: **58** Date of Birth: **01/01/10** Unit Number: **001** Employer Registered Number: **65517219**  
Payroll/Works No.: **011010** Date of Cessation: **01/01/10** Deceased (Mark box if employee is deceased):  Date of Commencement: **2/04/10**

Weekly  Monthly  Mark box if emergency operated   
Weekly/Monthly Tax Credit: **7039** Weekly/Monthly Number: **40** Weekly/Monthly Standard Rate Cut-Off Point: **7000**

(a) Total Pay & Tax deducted from 1 January last to Date of Cessation  
Total Pay: **11835.00** Total Tax Deducted: **759.67**

(b) If employment started since 1 January last enter Pay and Tax deducted (or Tax refunded) for this period of employment only  
Pay (this employment): **11835.00** Tax Deducted or Tax Refunded: **759.67** Please mark box if the tax figure at (b) is a refund

(c) Amount of Taxable LUMP SUM PAYMENT on termination included in either pay figure above - if applicable: **0**

(d) Total amount of taxable Disability benefit included in pay figure above - if applicable: **0**

(e) Amount by which Tax Credits are reduced - if applicable: **0**

(f) Amount by which Standard Rate Cut-Off Point was reduced - if applicable: **0**

PRSI - This Employment Only  
Total PRSI: **1926.59** Employee's Share: **669.44** Total number of weeks of Insurable Employment: **23** Total number of weeks at Class A or Subclass "A" in this period: **23**

PRSI Classes other than Class A or Subclass "A" in this period: **0**

**ОБЩО ЗАПЛАТИ**

**ОБЩО ЗАПЛАТИ**

**P60** CERTIFICATE OF PAY, TAX AND PAY-RELATED SOCIAL INSURANCE YEAR ENDED 31st DEC. 2005

**PAYEE - PRSI**  
To be given to each employee who was in your employment on 31st December, whether or not tax was deducted.

Name of Employee: **Mount Street** Standard Rate Cut Off €: **28,028**  
Address: **Claremorris** Tax Credit €: **1,560**  
Personal Public Service No. (PPS No.): **Co Mayo** '1' indicates that temporary basis applied } at 31st December. E9 1  
'2' indicates that emergency basis applied } Enter 'X' if there were 53 pay days in the year. F9 X  
Enter 'W' if week 1 / month 1 applied. **W** Enter 'D' if employee was a director.

(A) PAY.	€	(C) PRSI in this employment	€
1. Total pay (i.e. gross pay less any superannuation contributions allowable for income tax purposes) in above year including pay in respect of previous employment(s), if any.	6,299.03	1. EMPLOYEE'S PRSI.	309.73
2. Pay in respect of previous employment(s), if any, in above year.		2. TOTAL (employer + employee) PRSI.	986.87
3. Pay in respect of THIS employment (i.e. gross pay less superannuation contributions allowable for income tax purposes).	6,299.03	3. Total number of weeks insurable employment.	12
<b>(B) TAX.</b>	€	4. Initial social insurance contribution class.	A1
1. Total net tax deducted in above year (including tax deducted by previous employer(s), if any).	2,104.24	5. Subsequent social insurance contribution class.	AL
2. Tax in respect of previous employment(s), if any, in above year.		6. No. of weeks at the class entered at line 5 above.	1
3. Net tax deducted (7)/refunded (19) in this employment.	2,104.24	7. Date of commencement of employment.	11/10/2005

I/We certify that the particulars given above include the total amount of pay (including overtime, bonus, commission, etc.) paid to you by means in the above year, the total tax deducted by me/us less any refunds and the total pay-related social insurance contribution in respect of this employment.

Employer's Name: **Drimbawn Mushrooms Ltd** Employer's Regd. No.: **6398793Q** Date: **16/01/2006**  
TO THE EMPLOYEE - THIS IS A VALUABLE DOCUMENT. You should retain it carefully as evidence of tax deducted.  
You may also require this document for production to the Revenue.  
(a) PRSI contributions on the amount of pay in excess of the Standard Rate Cut-Off Point.  
(b) the Health Contribution where income was below the Standard Rate Cut-Off Point.

**ОБЩО ДАНЪЦИ ПЛАТЕНИ**

**PPS<sup>N2</sup>** Department of Social Protection Client Identity Services  
Tel. (01) 704 3281  
Lo-call: 1890 927 999

Date: \_\_\_\_\_  
Dear \_\_\_\_\_  
I wish to acknowledge your registration for a Personal Public Service Number (PPS No.) and to advise you that your PPS No. is **1234567A**.

The Personal Public Service Number (PPS No.) is your unique reference number for your dealings with the Public Service. Many Government Departments and Public Service Agencies are adopting the PPS No. for better public service delivery.

Your PPS No. will be required in all dealings with the public service, including Social Welfare and Revenue, Medical Card, Drug Payment Schemes and Public Health services, Education, Housing grants, Planning permission, Driving Licence applications, etc.

The PPS No. is necessary to record your Pay Related Social Insurance (PRSI) contributions and tax paid. If you are on emergency tax, you should notify your employer of your PPS No. as soon as possible.

Any enquiries regarding the PPS No. should be made to the office where you registered for your PPS No. or your Local Social Welfare Office.

**This letter should be kept secure for future reference.**

Your PPS No. should be used only by you and is not transferable.

Yours sincerely,  
Client Identity Services

## Талоните от последните чекове

**ОБЩ ДОХОД (С НАТРУПВАНЕ ЗА ГОДИНА (YTD))**

36 Gro.indwork  
Theasaurus 2007 Payroll Software  
Theasaurus Limited (Er. No. 6350481C)

Date	22/11/2007	Total Pay	689.70	Euro
PPS Number	46	(+)		
Period	A1	(+)		
PRSI Class	67.70	(-)		
Weekly Tax Credit	653.85	(-) CIF	19.03	
Weekly Cut Off		<b>Total Gross</b>	670.67	
Basis	Cumul	PAYE	66.43	
Rate	14.52	PRSI ee	35.16	
Hours	47.50	(+)		
Basic Pay	689.70	(-) Union Dues	4.26	
		(-) CIF	2.46	
		<b>Payment</b>	562.36	
		PRSI er	72.10	
<b>Total Pay</b>	689.70			
		<b>Cumulatives this employment</b>		
		Gross	16956.39	
		PAYE	277.08	
		PRSI ee	885.12	
		PRSI er	1817.03	
		Insurable Weeks	24	
		<b>Cumulatives last employment</b>		
		Gross	0.00	
		PAYE	0.00	

**ОБЩО ДАНЪЦИ ПЛАТЕНИ**