



Registration form

Tax Refund from Netherlands

USE ENGLISH LETTERS PLEASE!

RT Tax

First (Given) Name: **FIRST NAME**
Middle Name: **MIDDLE NAME**
Surname (Last Name): **SURNAME**
Your residential address: **Your Residential Address**
Your declared address: **Your Declared Address**
Date of birth: **1999 / 99_m / 99_d** Tel./Mob.: **999 999 999 999**
BSN/SOFI NUMBER: **12345678901** E-mail address: **email@email.com**
Arrival date in Netherlands: **2009_y / 07_m / 10_d** Departure date from Netherlands: **2009_y / 10_m / 01_d**
Are you planning to go to Netherlands this year? Yes ☒ No ☐
Have you declared your place of residence in Netherlands? Yes ☐ No ☐
If "Yes" please provide the period of residence: From: **y/ m/ d**, Till: **y/ m/ d**
Have you ever applied for TAX Refund in another company or by yourself? Yes ☐ No ☐
If "Yes" explain in details:
If you had and still have your login data to your declaration filling, please specify the name and password: Gebruikersnaam: **login** Wachtwoord: **password**
Do you have an active bank account in Netherlands? Yes ☐ No ☐
If you have an active bank account in Netherlands, your refund might be transferred to that account. Yes ☐ No ☐
Did you receive any income from other countries for the year in question (the year for which you are willing to refund taxes)? Yes ☐ No ☐
If Yes, please enter the name of the country and the amount of income:

If you are married spouse's name and surname: **NAME, SURNAME**
Spouse's date of birth: **1999_y / 99_m / 99_d** Date of marriage: **- - - - y / - - m / - - d**
Was your spouse employed in Netherlands? Yes ☐ No ☐ Spouse's BSN/SOFI Number: **12345678901**
Spouse's income in the year for which you apply: **SPOUSE'S INCOME**

Employment Information

If you have children their names, surnames and dates of birth:
NAME, SURNAME 2012 08 01
NAME, SURNAME 2015 02 08
3.
Have you lived (or been registered) at the same residence in your country as your kids for at least 6 months in the tax year you apply for a refund? Yes ☐ No ☐

Client notes:

RT Tax notes:
Income:
Taxes paid:

By signing this form I declare that all the information, supplied by me on this form is correct and complete.

How many employers did you have? **1** You must list ALL THE EMPLOYERS. Failure to do so may cause problems to get your TAX Refund.

1. Company: **COMPANY NAME**
Address: **COMPANY ADDRESS**
E-mail: **COMPANY E-MAIL**
Worked from **2009_y / 07_m / 15_d** till **2009_y / 10_m / 01_d**
2. Company:
Address:
E-mail:
Worked from: **y/ m/ d** till **y/ m/ d**
3. Company:
Address:
E-mail:
Worked from: **y/ m/ d** till **y/ m/ d**
Signature: **X SIGNATURE**
Date: **X DATE**



Application for Zorgtoeslag payment compensation

Would you like to apply for Health Insurance (Zorgtoeslag) payment compensation with our company? Yes ☐ No ☐

If "Yes", please read the information bellow and fill in the form

- the deadline for the Health Insurance (Zorgtoeslag) application is August 1st. for the previous calendar year (for example: the deadline to apply for 2018 compensation is August 1st 2019)
- Please provide Health Insurance policy. In case you don't have it, please provide Health Insurance Card or payslip showing Health Insurance payments you made.
- the fee for this service is charged separately.

Please, write a period you wish to get a Health Insurance payment compensation for:

From: **2015 06 01** Till: **2015 08 31**

Are you currently receiving any social support payments from Netherlands? (check appropriate boxes):

unemployment ☐ zorgtoeslag ☐ huurtoeslag ☐ kindertoeslag/kingebonden ☐ kinderbijslag ☐

Did you request to stop the payments before leaving Netherlands? Yes ☐ No ☐

More information about Health Insurance (Zorgtoeslag) payment compensation:

Pursuant to the Law on Health Insurance (Zorgverzekeringswet), all the residents of the Netherlands, who work and pay income tax, must have a compulsory health insurance.

If you have bought a health insurance policy in the Netherlands, you can recover part of the sum paid.

If you/your employer/Insurance company have already applied for the compensation, you might receive it twice, but after reviewing your application Tax Office will request to pay it back.

The amount of compensation depends on the annual income received.

The amount of compensation for the year 2019:

- up to EUR 99 per month, if annual income did not exceed EUR 27 500;
- up to EUR 192 per month, if annual income received by you and your spouse did not exceed EUR 35 500.

In case you want to apply for the health insurance, you must comply with some conditions, the major of which is regular payments of health insurance.

After the financial year, the entire sum of compensation is transferred by one payment. When applying for Health Insurance compensation for the current year, payments are made monthly.

By signing this form I declare that all the information, supplied by me on this form is correct and complete.

Signature: **X SIGNATURE**
Date: **X DATE**



Refund request form

YOUR NAME:
(PLEASE USE CAPITAL LETTERS)

NAME, MIDDLE NAME, SURNAME
(NAME, MIDDLE NAME, SURNAME)

Postal Address:

STREET, HOUSE NUMBER, FLAT OR ROOM NUMBER
(STREET, HOUSE NUMBER, FLAT OR ROOM NUMBER)

REGION, VILLAGE, TOWN OR CITY
(REGION, VILLAGE, TOWN OR CITY)

POST CODE AND COUNTRY
(POST CODE AND COUNTRY)

Your bank information:

IMPORTANT:

- RT TAX WILL CHARGE 15EURO FOR THE BANK TRANSFER. RT TAX IS NOT RESPONSIBLE FOR ANY FEES CHARGED BY THE CLIENT'S BANK.
- Please call or visit your bank before filling in this part. You can also attach a statement from your bank, showing the details of your account for international money transfer in EURO to your bank account.
- There will be an additional bank charge of 50 EURO, if the bank needs to repeat the transfer because of the incorrect or not full information provided.
- The payment will be made in EURO.

BENEFICIARY BANK DETAILS

THE PERSONAL BANK ACCOUNT (IBAN): THE PERSONAL BANK ACCOUNT (IBAN)

ACCOUNT HOLDER'S FULL NAME: ACCOUNT HOLDER'S FULL NAME

BANK INFO: FULL BANK NAME; BRANCH NAME
(FULL BANK NAME; BRANCH NAME)

BANK SWIFT CODE / SORT CODE
(BANK SWIFT CODE / SORT CODE)

BANK ADDRESS: CITY AND COUNTRY
(BANK ADDRESS: CITY AND COUNTRY)

By signing this form I declare that all the information supplied by me on this form is correct and complete. I agree with all the terms and conditions pointed out on this form.

Signature: **X SIGNATURE**

Date: 20 _ _ / _ _ / _ _

Machtiging - Afhandeling van alle belastingzaken Authorization for taking care of all tax matters

Belastingplichtige/Taxpayer:

Naam / Name:

Geboortedatum / Date of birth:
(Day/Month/Year)

BSN/Sofinummer / BSN/Sofinumber:

Verleent volmacht aan / Appoints:

Gegevens gemachtigde / Agent Details:

Volledige Naam / Name: **Tax Refunds, UAB**

Adres van de gemachtigde / Address: **Ozeskienes g. 15, Kaunas LT44254, Lithuania**

Beconnummer: **636903**

Tot vertegenwoordiging van mijn persoon bij de Nederlandse Belastingdienst en tot het indienen in mijn naam van de Nederlandse aangifte inkomstenbelasting voor het jaar en de daarop volgende jaren, tot dat deze volmacht door ondergetekende schriftelijk wordt herroepen.

De volmacht omvat het voeren van alle zaken.

De gevolmachtigde is gemachtigd tot de gehele correspondentie betreffende de belastingaangifte op het bovenstaande adres te ontvangen en als bezorger op te treden.

Ik verzoek u vriendelijk om mijn gehele correspondentie betreffende de belastingaangifte naar het onderstaande adres te sturen:

Tax Refunds, UAB
Ozeskienes g. 15
Kaunas, LT44254,
Lithuania

Door ondertekening van deze volmacht worden alle eerder getekende volmachten ingetrokken en eerder gemachtigde personen van hun taken ontslagen.

Plaats / Place:

Ondertekening belastingplichtige / Taxpayer signature: **X SIGNATURE**

Datum / Date:

Machtiging - Afhandeling van alle belastingzaken
Authorization for taking care of all tax matters

Belastingplichtige/Taxpayer:

Naam / Name:

Geboortedatum / Date of birth:
(Day/Month/Year)

BSN/Sofinummer / BSN/Sofinumber:

Verleent volmacht aan / Appoints:

Gegevens gemachtigde / Agent Details:

Volledige Naam / Name: **Tax Refunds, UAB**

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Ozeskienes g. 15
Kaunas, LT44254,
Lithuania

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Plaats / Place:

Ondertekening belastingplichtige / Taxpayer signature: **X SIGNATURE**

Datum / Date:

Toeslagen
Belastingdienst

Zorgtoeslag
stopzetten

> Postbus 2545, 6401 DA Heerlen, Pays Bas

LAISVES AL 67
44304 KAUNAS LITOUWEN
LITOUWEN

Burgerservicenummer/sofinummer

Geboortedatum

Waarom dit formulier?

Met dit formulier zet u de zorgtoeslag stop voor uzelf en uw eventuele toeslagpartner.

Invullen en terugsturen

Vul dit formulier in met een blauwe of zwarte pen en schrijf binnen de invulvakjes. Stuur het formulier terug in de bijgevoegde envelop. Stuur geen bijlagen mee. Zodra wij uw gegevens verwerkt hebben, krijgt u bericht van ons.

Zorgtoeslag stopzetten

Vanaf welke datum wilt u de zorgtoeslag stopzetten? Vul in als dd-mm-jj

20

Ondertekening

Uw handtekening

X SIGNATURE

Let op! Er staat extra uitleg op de achterkant

S0020162 10031182 00

TG 408 - 22*6RD

TG 138 - 12*0CT

114980201

Inkomen opgeven
of wijzigen

> Postbus 2545, 6401 DA Heerlen, Pays Bas

LAISVES AL 67
44304 KAUNAS LITOUWEN
LITOUWEN

Burgerservicenummer/sofinummer

Geboortedatum

Waarom dit formulier?

Met dit formulier kunt u uw inkomen opgeven. Ook als uw inkomen gewijzigd is, kunt u dat met dit formulier doorgeven.

Invullen en terugsturen

Vul dit formulier in met een blauwe of zwarte pen en schrijf binnen de invulvakjes. Stuur het formulier terug in de bijgevoegde envelop. Stuur geen bijlagen mee. Zodra wij uw gegevens verwerkt hebben, krijgt u bericht van ons.

Jaarinkomen

Over welk jaar geeft u uw inkomen op?

Wat is uw inkomen over dat hele jaar? Geef het inkomen op van 1 januari tot en met 31 december. Lees de extra uitleg op de achterkant

Ondertekening

Uw handtekening

X SIGNATURE

Let op! Er staat extra uitleg op de achterkant



Zorgtoeslag
aanvragen

> Postbus 2545, 6401 DA Heerlen, Pays Bas

LAISVES AL 67
44304 KAUNAS LITOUWEN
LITOUWEN

Burgerservicenummer/sofinummer

Geboortedatum

Waarom dit formulier?

Met dit formulier vraagt u zorgtoeslag aan voor uzelf en uw eventuele partner.

Wanneer kunt u zorgtoeslag krijgen?

U moet aan de volgende voorwaarden voldoen:

- U bent 18 jaar of ouder.
- U hebt een zorgverzekering volgens de Zorgverzekeringswet.
- Uw (gezamenlijke) inkomen is niet te hoog.
- U hebt de Nederlandse nationaliteit of een verblijfsvergunning die recht geeft op toeslagen.

Kijk voor uitleg over de voorwaarden in de brochure over zorgtoeslag. Deze kunt u opvragen bij de Belasting Telefoon. Of kijk op www.toeslagen.nl.

Waarvoor tekent u?

Door dit formulier te ondertekenen, verklaart u dat u zorgtoeslag wilt krijgen. Hebt u een partner? Zet dan allebei uw handtekening. Zo stemt u ermee in dat wij aan ieder van u informatie kunnen geven over de ander en dat u elkaars gegevens kunt wijzigen. Bovendien verklaart u beiden dat u eventueel te veel ontvangen zorgtoeslag zult terugbetalen.

Invullen en terugsturen

Vul dit formulier in met een blauwe of zwarte pen en schrijf binnen de invulvakjes. Stuur het formulier terug in de bijgevoegde envelop. Stuur geen bijlagen mee. Zodra wij uw gegevens verwerkt hebben, krijgt u bericht van ons.

Ingangsdatum

Vanaf welke datum wilt u dat de zorgtoeslag ingaat? Vul in als dd-mm-jj

Ondertekening

Uw handtekening

X SIGNATURE

Let op! Er staan ook vragen op de achterkant





Tax and Customs Administration

Notification change of address Abroad

Why this form?

Use this form to inform the Tax administration of a change of home address abroad, your correspondence address and/or PO Box.

Completing and returning the form

Send the completed form in a sufficiently stamped envelope to:
Belastingdienst/kantoor Buitenland/klantenregistratie
Postbus 2892
6401 DJ Heerlen
The Netherlands

Privacy

We treat the data of citizens and companies and your privacy with care. Please visit belastingdienst.nl/privacy and see how we do this.

More information

For more information go to www.belastingdienst.nl.
Or call the Tax Information Line Non-resident Tax Issues:
+31 555 385 385, from Monday to Thursday from 8.00 a.m. to 8.00 p.m. and on Fridays from 8.00 a.m. to 5.00 p.m.

1 Your details

- 1a Name Infix (for example van der, de)
- 1b Last name (also state your maiden name if applicable)
- 1c Citizen service number (BSN)
- 1d Telephone number

If you have a new home address, please fill in sections 2 and 3. In case of a (new) correspondence address or PO Box, please fill in sections 4 and 5.

2 Your new home address

- 2a Commencement date - -
- 2b Street
- 2c House number (only fill in the number) Suffix (for example a, bis)
- 2d Postal code
- 2e Town
- 2f Country

3 Household members also moving to the new home address

- | | | |
|----|---|--|
| 3a | Citizen service number (BSN) <input type="text"/> | Date of birth <input type="text"/> - <input type="text"/> - <input type="text"/> |
| 3b | Citizen service number (BSN) <input type="text"/> | Date of birth <input type="text"/> - <input type="text"/> - <input type="text"/> |
| 3c | Citizen service number (BSN) <input type="text"/> | Date of birth <input type="text"/> - <input type="text"/> - <input type="text"/> |
| 3d | Citizen service number (BSN) <input type="text"/> | Date of birth <input type="text"/> - <input type="text"/> - <input type="text"/> |



If you would like to receive your correspondence at an address other than your home address, or if you want to change your current correspondence address or PO Box, please fill in sections 4 and 5. If not, you can sign the form.

4 Your (new) correspondence address or PO Box

- 4a Commencement date - -
- 4b To the attention of (enter the name of the person or organisation that should receive the correspondence)
- 4c Becon number (only fill this in if your Dutch tax consultant has this 6-digit registration number)
- 4d Street name
correspondence address
- 4e House number (only fill in the number) Suffix (for example a, bis)
- 4f PO Box (only fill in the number)
- 4g Postal code
- 4h Town
- 4i Country
- 4j Does your correspondence address or PO Box apply for all your taxes?
☐ Yes
☐ No, my correspondence address or PO Box only applies to:
☐ Income tax and motor vehicle tax
☐ Turnover tax
☐ Wage taxes

5 Other housemates to whom your (new) correspondence address or PO Box also applies

- | | | |
|----|---|--|
| 5a | Citizen service number (BSN) <input type="text"/> | Date of birth <input type="text"/> - <input type="text"/> - <input type="text"/> |
| 5b | Citizen service number (BSN) <input type="text"/> | Date of birth <input type="text"/> - <input type="text"/> - <input type="text"/> |
| 5c | Citizen service number (BSN) <input type="text"/> | Date of birth <input type="text"/> - <input type="text"/> - <input type="text"/> |
| 5d | Citizen service number (BSN) <input type="text"/> | Date of birth <input type="text"/> - <input type="text"/> - <input type="text"/> |

6 Signature

Date - -

Signature
(write in the box)

X SIGNATURE

Name of the signatory
(fill in your initials and last name)





Tax and Customs Administration

Personal income statement 2018

Eligible foreign taxpayer
EU/EER-form

Why this form?

Use this form to declare your income that is not taxed in the Netherlands. You will need this personal income statement if you file a return as an eligible foreign taxpayer. Eligible foreign taxpayers are subject to the following conditions:

- You live in an EU country, in Liechtenstein, Norway, Iceland, Switzerland, on Bonaire, Sint Eustacius or Saba.
- At least 90% of your income is taxed in the Netherlands.
- You are able to submit an income statement of the tax authorities in your country of residence.

More information about this personal income statement and the consequences of the qualifying non-resident taxpayer obligation can be found in the explanatory notes.

Complete and return the form

Complete the form and have it signed by the tax authorities of your country of residence. Send the form to:

Belastingdienst/Kantoor buitenland
Postbus 2577
6401 DB Heerlen
The Netherlands

Please note!

We can only process the form if it has the original stamp of the tax authorities in your country of residence. You cannot, therefore, send copy!

1 Tax year to which the statement applies

To which tax year does this statement apply?

2 0 1 8

2 Your details

2a Initials and name

Citizen service number (BSN)

Registration No. of country of residence

Home address
(street, house number)

Postcode and town/city

Country of residence

- Select the country -

3 Signature

Place

Date

Signature

Write inside the box.

X SIGNATURE

Enter your citizen service number (BSN) here

02 of 02

Personal income statement 2018
Eligible foreign taxpayer

4 Income not taxed in the Netherlands

4a Income from business activities

4b Salary and sickness benefits

4c Gratuities and other income

4d Old-age pension, pension and other benefits

4e Lump sum payments from annuities

4f Exempted income as an employee of an international organisation

4g Exempted pension of the EU

4h Results from other work

4i Results from making possessions available

4j Partner maintenance and lump sums thereof

4k Periodic benefits and lump sums thereof

4l Other income

4m Add up: 4a to 4l

4n Public transport commuting allowance

4p Deduct: 4m minus 4n. Total box 1

4q Income from a substantial interest

4r Your income from savings and investments. Read the explanation to question 4r.

4s Add up: 4p plus 4q plus 4r. Total income not taxed in the Netherlands

5 Statement of foreign tax authority

Have this statement signed by the tax authorities of your country of residence.

Name and address of foreign tax authority

It is hereby confirmed that:

- 1 the taxpayer named above was residing in our state in the year 2018;
- 2 the income details on the completed form do not contradict the details known to us so far.

Place

Date

Signature

Write inside the box.

Stamp



Agreement

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

Date:

(1) Unitrust Finance, Inc (dba RT Tax), company code 70464217, address 1219 Ogden Ave, Suite #C, Downers Grove, IL 60515, USA 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 established in this Agreement and the General Terms and Conditions of Services (hereinafter - T&C), 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 Kingdom, Ireland, the Netherlands, Germany, Norway, Austria, Denmark 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 in accordance of the terms and conditions of this Agreement.

1.2. By signing 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. Taxes will be refunded to the Client by a bank transfer of the refunded amount to the bank account, prepaid debit card or by a bank cheque drawn in the name of the Client. If Tax Refund Cheque is received, the Cheque shall be collected and the tax refund amount shall be transferred to the Client by the Services Provider and (or) the third person engaged by the Service Provider for payment collection services in accordance with the T&C.

1.4. 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 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;

2.1.5. to organise the collection of the Tax Refund Cheque and (or) to instruct the tax authority to transfer the tax refund amount to the Service Provider and (or) the third person engaged by the Service Provider for payment collection services in accordance with the T&C for subsequent transfer of tax refund amount to the Client (excluded the Service Fee indicated in Clause 3.1 and 3.2), or to instruct the tax authority to transfer the tax refund directly to the Client's prepaid debit card.

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 and perform other obligations established in the T&C, which constitute an inseparable part of this Agreement;

2.2.3. to fill in and sign any forms and other documents required for the issue of the Payoneer, Inc debit card and to accept the tax refund amount to the "Payoneer" debit card (excluded the Service Fee indicated in Clause 3.1 and 3.2) when so required;

2.2.4. 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;

2.2.5. to inform the Service provider immediately in the case during the validity term of this Agreement the Client concludes any agreement regarding the tax refund services in the United States of America with other service providers. In such case the Service provider is entitled unilaterally to terminate this Agreement.

2.2.6. to inform the Service Provider of the new employment or self-employment in a foreign country;

2.2.7. 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;

2.2.8. 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. United Kingdom, if the tax refund amount is between GBP 0-100, the service fee shall be GBP 35; GBP 101-200, the service fee shall be GBP 50; GBP 201-600, the service fee shall be GBP 60; GBP 601 and more, the service fee shall be 11% from the refunded amount;

3.1.2. The Netherlands: if the tax refund amount is between EUR 0-100, the service fee shall be 35 EUR; for 101 EUR and more, the service fee shall be 14% from the refunded amount with a fixed minimum of 69 EUR;

3.1.3. The Netherlands social security (Zorgtoeslag) refund: if the tax refund amount is between EUR 0-100, the service fee shall be 35 EUR; for 101 EUR and more, the service fee shall be 14% from the refunded amount with a fixed minimum of 69 EUR;

3.1.4. Germany: the service fee shall be 14% from the refunded amount with a fixed minimum of EUR 60;

3.1.5. Austria: the service fee shall be 14% from the refunded amount, with a fixed minimum of EUR 59;

3.1.6. Denmark: the service fee shall be 14% from the refunded amount, with a fixed minimum of 590 DKK; For the service that has been carried out for Denmark holiday allowance refund (Feriepenge) in Denmark, Service Provider is entitled to commission fee 14% from the refunded amount, with a fixed minimum of 79 EUR;

3.1.7. Norway: the service fee shall be 14% from the refunded amount, with a fixed minimum of NOK 690;

3.1.8. Ireland: the service fee shall be 12% from the refunded amount with a fixed minimum of 60 EUR;

3.1.9. Ireland tax refund (Universal Social Charge (USC)): the service fee shall be 12% from the refunded amount with a fixed minimum of 60 EUR;

3.2. The additional fees:

3.2.1. For the retrieval of the lost or missing documents shall be for P-45/P-60 (United Kingdom) – GBP 20, P-60 (Ireland) – EUR 20, RF-1015B (Norway) – NOK 150, "Jaaropgaaf" form (the Netherlands) – EUR 20, Lohnsteuerbescheinigung (Germany) – EUR 20, Church fee refund (Germany) – EUR 20, Jahrslohnzettel or Lohnzettel (Austria) – EUR 20;

3.2.2. The fee for the receipt of international money transfer or check cashing, money remittance and other bank services shall be 15 EUR if the tax refund service was provided from The Netherlands, Germany, Austria, Ireland or Denmark holiday allowance, 15 GBP if the tax refund service was provided from the United Kingdom, 120 DKK if the tax refund service was provided from Denmark, 130 NOK if the tax refund service was provided from Norway;

3.2.3. If Client provided incorrect or not full bank account information and the bank transfer was rejected and the money were returned there will be an additional charge of 20 EUR to repeat the bank transfer. Service Provider is not responsible for the fees charged by the bank for the money return;

3.2.4. 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 and as indicated in the T&C.

3.3. The amount of the payable VAT (if applicable) shall be added to all amounts indicated in Sections 3.1-3.2 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.

3.4. The Service Fee shall be deducted from the amount received after the tax refund prior to the transferring it to the Client's account or Client's Payoneer, Inc debit card will be charged. If, by some reasons, the Client receives the tax refund cheque to his home address, he/she must inform about it Service Provider and pay the Service Fee (s) according to this Agreement.

If the Client does not pay the Service Fee (s) in 10 (ten) days after receiving the invoice, he/she shall be obligated to pay late charges 0.2 percent per month on the unpaid balance of the invoice.

3.5. If during the process of filing the documents the Service Provider becomes aware that the Client is not entitled to the tax refund (i.e. there is a tax debt), the Service Provider will calculate and provide the Client with the amount of the tax debt and the Service Fee payable to the Service Provider. In such case, the Service Provider continues the filing of documents only after the Client agrees to proceed and pays to the Service Provider the calculated Service Fee.

4. Processing of personal data

4.1. Service provider, acting as a data controller, shall process Client's personal data for the purposes of: (i) proper performance of Service provider's obligations under this Agreement; (ii) necessary communication; (iii) protection of Service provider's rights and interests (in case of a claim or a debt collection); (iv) statistical analysis. Legal basis for processing personal data is respectively: (i) necessity to perform this Agreement and mandatory statutory requirements related to tax refund; (ii) legitimate interest – to provide good customer service; (iii) legitimate interest and (iv) legitimate interest – to improve our business.

4.2. The Client acknowledges that the Service provider is located in the USA, thus personal data shall be transferred from Client's country of residence to USA. For clarity, as the Service provider is located in USA, the data transfers of the Client are necessary for the conclusion and performance of this Agreement. The Service provider guarantees that it has signed

agreements regarding safe and lawful processing of personal data with its EU partners and when necessary shall use legitimate safeguards and derogations where it is allowed by the applicable law.

4.3. The Client acknowledges that Service Provider shall engage third parties, data processors, for the purposes of proper performance of this Agreement. The list of currently used data processors can be found at <https://rttax.com/privacy-policy/> Privacy Policy.

4.4. Depending on a situation, the Client, as a data subject, shall have all or some of following rights: the right at any time to request the Service provider an access to the processed personal data, request for rectification or erasure of them, request for data portability or restriction of the processing of personal data, a right to object to the processing of personal data, the right to lodge a complaint with a supervisory authority.

4.5. The data related to the providing of tax refunding services is necessary. Therefore, if the Client does not submit the personal data specified in the online forms, performance of the Agreement shall become impossible.

4.6. The data shall be stored during the term of the agreement and 10 years after the termination of the Agreement (subject to the limitation period).

4.7. For a comprehensive information on how Service provider processes personal data, please refer to <https://rttax.com/privacy-policy/> Privacy Policy or can be provided in writing at your request.

5. Liability

5.1. In the case the Client terminates the Agreement due to any reason other than failure by the Service Provider to perform its obligations after the filing for the tax refund and (or) in the case established in Art. 2.2.4 hereof, the Client shall cover all expenses of the Service Provider incurred due to the provision of Services until termination of the Agreement, but not less than 50 % of the Service Fee under this Agreement.

5.2. 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.

6. Validity of the Agreement

6.1. The Agreement shall come into force the moment the Service provider receives the Agreement signed by the Client 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, except in the cases established by law.

7. Miscellaneous

7.1. The T&C (<https://rttax.com/terms-and-conditions/>) constitutes an integral part of this Agreement. By signing this Agreement, the Client confirms and guarantees to the Service provider, that the Client has carefully read these terms and conditions before accepting them and signing this Agreement.

7.2. This Agreement, all information, documents and correspondence related thereof shall be considered as strictly confidential, and shall not be disclosed to any third persons, except (i) as required by the applicable laws; (ii) the information became publicly available through no fault of or failure to act by the Party; and (iii) the disclosure of respective information is reasonably necessary for the fulfillment of the Party's obligations.

7.3. Service Provider has the right to assign its rights and obligations provided for in the Agreement to any third persons without a prior written consent of the other Party.

7.4. 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 3.1-3.3 hereof. This Agreement will be governed by and construed under the laws of the State of Illinois, United States of America. 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 courts of the State of Illinois, United States of America. 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 **SIGNATURE** (signature)

HOLLAND DOCUMENTS (SAMPLES)

JAAROPGAVE

JAAROPGAVE 2007

TOTAL INCOME

Werknummer
B.K.
Pusorska 25 12
81314 Gdynia
Polen

BSN/Sofi-nr : 266

Loon loonbelasting/volkverzekeringen	1	4105
Ingehouden loonbelasting/premie volkverz. (loonheffing)	1	824
Verrukende arbeidskorting	1	239
Loon Zorgverzekeringwet	1	3829
Ingehouden bijdrage Zorgverzekeringswet	1	276
Levensloopverlof/korting		0
Loonheffingskorting	met ingang van 01-01-07	1

Naam en adres naam : Utges Project Service B.V.
inhoudplichtige adres : Stadionweg 1 f
postcode/plaats : 3077 AL ROTTERDAM

Controleer uw persoonlijke gegevens. Als gegevens onjuist zijn, neem dan contact op met uw werkgever.
Vraagt een instantie een opgave van uw gegevens, maak dan een fotokopie en bewaar het origineel, omdat dit maar eenmaal wordt verstrekt.

Rubriek BSN/SOFI-NUMMER.
In 2007 verandert het sofinummer in het burgerservicenummer (BSN). Het BSN is hetzelfde nummer als uw sofinummer. Alleen de naam verandert. Het BSN geldt voor alle overheidsinstanties, dus ook voor de Belastingdienst.

TOTAL INCOME TAX PAID

LAST PAYSALIP

TOTAL INCOME

Rechtsverklaring
Vakantiegeld € 29

Loondagen	89,00	Loondagen	89,00
Loonuren	870,00	Loonuren	870,00
Overwerkuren	127,00	Overwerkuren	127,00
Scuto loon	€ 6.376	Scuto loon	€ 6.376
Overwerkloon	€ 1.658	Overwerkloon	€ 1.658
Loon Soc.Vert	€ 7.557	Loon Soc.Vert	€ 7.557
Loon IZW	€ 2.474	Loon IZW	€ 2.474
Fiscaal loon	€ 7.557	Fiscaal loon	€ 7.557
Pensioenen	€ 477	Pensioenen	€ 477
W.W.	€ 83	W.W.	€ 83
W.G.A.	€ 15	W.G.A.	€ 15
Zorgverzekering	€ 485	Zorgverzekering	€ 485
Arbeidskorting	€ 1.655	Arbeidskorting	€ 1.655
Vakantiegeld	€ 137	Vakantiegeld	€ 137
Netto loon	€ 6.938	Netto loon	€ 6.938

12 Metaal en techniek

Vervuim/verlof: Begin Af Bij (2) Stand Deze periode
Vakantie 5,97 - 8,48 2,61 dagen - +0,51

TOTAL INCOME TAX PAID