

## Formular de înregistrare

Rambursarea taxelor din Irlanda

RT Tax

	Redika siri dedili mire	RE ENGLEZESTI(FARA DIACTRITICE)!
Prenume:	PRENUME	
Al doilea prenume:	L DOILEA PRENUI	ME
Nume de familie:	NUME DE FAMILIE	
		el./Mob.: 999 999 999 999
Adresa de e-mail: e	mail@email.com	
PPS: A	AB 12 34 56 C	PPS - Numarul de serviciu public personal (Personal Public Service Number - Irelanda)
Va rugam sa enumerati	TOATE sosirile si plecaril	e in/din Irlanda, cu exceptia vacantelor scurte:
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Data sosirii in Irelanda:	20 10a / 081 / 01z	Data plecarii din Irelanda: 2 0 10 a / 121 / 03 z
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Ati mai aplicat pentru ran	nbursarea taxelor prin RT T	ax, alta companie sau personal? Da Nu X
Daca "Da" explicatii prii		
9		
		taxelor cu ajutorul RT Tax?
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		Informații angajare:
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		cru, pot aparea probleme in rambursarea taxelor dumneavoastra.
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1. Compania. 140		
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Semnand acest formular declar ca toate informatiile pe care le-am furnizat aici sunt corecte si complete.





# Power of attorney

(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 2008-2012.
- 2. 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.
- 3. 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 day of	
	•••
Signature of the Principal: X SEMNĂTURA	

## FORM P50

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



Name and Address		PPS Number	
Laisves Al 67		Employer Number	
Kaunas LT-44304		Linpleyor Humbon	
LITHUANIA	are or proper and contact artists. The ST		
Date of Cessation of Employment		Refer to your Form P45 fo	or answers to above
		ON MUST BE COMPLE	
Details of income received by you sir		60 x50100 1000 4000 10 00 00 00	NORTH DOCATES IN THE STATE
Jobseeker's Benefit	Other Income rece	ived from the Department of	Social Protection
Illness Benefit	State payment type		92 38 7800 1322 50 1997
In the case of the above, state the	date this income started		
Number of children included in you	ur claim	Gross weekly amount	€
Jobseeker's Assistance (this is no	t a taxable source of income		<u> </u>
Other Income not subject to PAYE	Gros	ss amount received to date	€
State the source of this income			
o you intend to resume employmen	t in Ireland before 31 Dece	ember next? Y/N	1
If the answer is "No", state reason	LEFT IRELAND		
If resuming education, state name of school/college			
Are you making this claim on the bas	is that you are going abro	oad? Y/N	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
If the answer is "Yes" state:			
(a) country of destination			700
(b) intended departure date		(c) duration of stay abroad	Permanent
Oo you intend to take up employmen	t abroad? Y/N		1
Address abroad for correspondence	es es asserti		L <sub>ini</sub>
	Laisves Al 67	NII A	
Refunds	Kaunas LT-44304, LITHUA	NIA	
you wish to have any refund paid direct	ctly to your bank account in	lease supply your bank acco	unt details
Single Euro Payments Area (SEPA	- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	ouce supply your burnt uses	art dotailo.
rom 1 February 2014, account number		replaced by International B	ank Account Number
IBAN) and Bank Identifier Codes (BIC).	These numbers are general		
	nd on www.revenue.ie.		
urther information on SEPA can be fou		t that is not a member of SE	PA.
Further information on SEPA can be fou t is not possible to make a refund direct	ly to a foreign bank account IBAN) (Maximum 34 characte		PA.
urther information on SEPA can be fou is not possible to make a refund direct international Bank Account Number ( I E 8 2 A I B K 9 3 2 0 8 6 3 Bank Identifier Code (BIC) (Maximum 1	ly to a foreign bank accounting to a foreign bank accounting to the second seco		PA.
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I understand that any refund made by the Revent TT EXPRESS, UAB (insert name of tax age as if same were being refunded directly to me an account nominated by me I have no further call usame. I understand that TT EXPRESS, UAB (in and is solely responsible to me in respect of any understand that my agent TT EXPRESS, UAB independent entity and that the Revenue Commit any such agency and cannot accept any responseme in dealing with them.	ncy), on my be ad that once the upon the Rever nsert name of t refund receive(inserts	chalf is refunded in a similar manner erefund is transferred into the bank nue Commissioners in respect of ax agency) is acting as my agent ed by them on my behalf. I further ert name of tax agency) is an ero endorsement of my agent or
I understand and agree that TT EXPRESS, UAB input its own bank account details on the Revenu remove these details on the cessation of the man	ue record for th	insert name of tax agency) will ne duration of this mandate and will
I confirm that I am aware of, and agree to, the part of the part o	agency) in resp	ect of the services carried out on
3. Terms and Conditions of Authorisation		
I understand that Tax law provides for both civil p make a return, the making of a false return, facili credits, allowances or reliefs which are not due.		
I confirm that I will provide the necessary docume (insert name of tax agency) to support any refune reliefs made to Revenue on my behalf by A and 2 agency).	d, credit claims	
I confirm that I will provide details of all my source (insert name of tax agency).	es of income to	O A and Z GROUP, UAB
I understand that A and Z GROUP, UAB a copy of all documentation relating to any refund agent on my behalf and that the agent will be rec	d or credit or a	llowance or relief claimed by the
Signed X SEMNĂTURA	(Client)	Date // //
Signed	(Agent)	Date



## Agreement

This Services Agreement (the "Agreement") is executed by and between: (1) Torus Solution NV (dba RT Tax), company code 126057, represented by the person dully authorized under existing legislation (the "Service Provider"); and

, date of birth ....

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

### RECITALS

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.

The Parties wish to agree on the terms and conditions of tax refund.

- 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.
- 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.
  - Taxes will be refunded to the Client by a bank transfer of the refunded amount to the bank account or by a bank cheque drawn in the name of the nominee indicated by the Client. The Tax Refund Cheque shall be collected and the tax refund amount shall be transferred to the Client by the Collection Services Provider in accordance with the terms and conditions set in the Collection Agreement executed between the Gient and the Collection Services Provider
- 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.

### Terms of Provision of Services

- The Service Provider hereby undertakes:
  - to provide the Gient information on the documents that the Client needs to submit to the Service Provider for the purposes of filing for the tax refund;
  - to collect, complete and signall 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;
  - to inform the Client about the process of the tax refund and other related matters at the Client's request;
  - to transfer the Tax Refund Cheque to the Collection Services Provider for collection under the Collection Agreement executed between the Client and the Collection Services Provider or to instruct the tax authority to transfer the tax refund amount to the Collection Services Provider for subsequent transfer of tax refund amount to the Client.
- 2.2. The Client hereby undertakes:
  - 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 2.2.1. 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
  - to fill in and sign any forms and other documents required for the completion of the tax refund:
  - 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 2.2.3. a part thereof or sends the Tax Refund Cheque for the full refund amount or a part thereof directly to the Client:
  - 2.2.4 during the validity term of this Agreement to abstain from executing tax refund services agreements with other service providers:
  - 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 nay the Service Provider the Service Fee as set out in Section 3 hereof

## The Services Fees

- 31. The fee for the Services (the "Service Fee") for refunding taxes for each tax year shall be:
  - 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.
  - 317 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.
  - USA tax refund (Social Security and Medicare); the service fee shall be 10% from the refunded amount, with a fixed minimum of USD 80; 3.1.3.
  - 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 3.1.4. service fee shall be GBP 55; GBP 601 and more, the service fee shall be 11% from the refunded amount.
  - Ireland: the service fee shall be 11% from the refunded amount with a fixed minimum of 60 EUR;
  - 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;
  - 317 Norway: the service fee shall be 14% from the refunded amount, with a fixed minimum of EUR 80:
  - The Netherlands the service fee shall be 11% from the refunded amount with a fixed minimum of FUR 49: 3.1.8.
  - Germany: the service fee shall be 14% from the refunded amount with a fixed minimum of EUR 50: 3.1.9.
  - Canada: the service fee shall be 11% from the refunded amount, with a fixed minimum of 70 CAD; New Zealand: the service fee shall be 14% from the refunded amount, with a fixed minimum of 135 NZD;
  - Australia: the service fee shall be 10% from the refunded amount, with a fixed minimum of 105 AUD;
- The additional fee 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, T-4 (Canada) -CAD 15, RF-1015B (Norway) - EUR 17, "Jaaropgaaf" form (the Netherlands) - EUR 17, "Lohnsteuerkarte" (Germany) - EUR 17, "Summary of Earnings" (New Zealand) - 45 NZD, "Payment Summary" PAYG form (Australia) - AUD 30.
- 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.

## Liability

- 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.
- 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

### Validity of the Agreement

- 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 filling for tax refund by informing the Service Provider in accordance with Section 6.1 hereof.
- 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 e disputes shall be finally settled by the competent court. All notices and other communication under this Agreement shall be in writing and shall be independent or a sense by regular mental shall be in writing and shall be independent or a sense by regular mental shall be in writing and shall be independent or a sense by regular mental shall be in writing and shall be independent or a sense by regular mental shall be in writing and shall be independent or a sense by regular mental shall be independent or a sense by regular menta e-mail or fax



# IRLANDA DOCUMENTE (MODELE)

P-45

DAE	RTIFICATE NO.	Particulars of Emplo	
Sumame of Employee	20013	Address	Ja.
Sumarne of Employee		Address	
First Name	44444		
V		CO. CORK.	
PS Number	Date of Birth	Unit Number Employer Reg	internal Manufacture
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ayroll/Works No.	Date of Cassifion	Deceased (Mark box 39 if	Date commencement
aylumum no.	01110	10 amployee is deceased)	2 0410
			1014110
	Weekly	Monthly	
fark box III if employee was paid	weekly or monthly X	Mark box 50 if eme	rgency operated
Veckly/Monthly_Tax Credit	Week/Month.Nun	nber Weekly/Montbly St	andar ate Cut-Off Point
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17.10.10.17	L. C.		
lay (this employment)	lanuary last enter Pay and Tax deduct	ed (or Tax refunded) for this period of employme iax Deducted or Tax Refunded	t only  Please mark box IRI if the tax figure at (b) is a refund
11835	.00		
1 1 8 3 5			
	PAYMENT on termination included in	either pay figure above - if applicable	
c) Amount of Taxable LUMP SUM	PAYMENT on termination included in	n either pay figure above - if applicable	
c) Amount of Taxable LUMP SUM	PAYMENT on termination included in 90 benefit included in pay figure above	n either pay figure above - if applicable	Province to be a P. J. Completon
Amount of Taxable LUMP SUM	PAYMENT on termination included in	either pay figure above - if applicable  - if applicable  Please complete section (d) or (e + f)	Please mark box IB if employee was on Week 1/Month 1
c) Amount of Taxable LUMP SUM 5) Total amount of taxable Disabilit	PATMENT on termination included in 90 y enefit included in pay figure above	n either pay figure above - if applicable  - if applicable  Please complete section (d) or (e + f) where an employee was in receipt of	
c) Amount of Taxable LUMP SUM (F) Total amount of taxable Disability	PATMENT on termination included in 90 y enefit included in pay figure above	neither pay figure above - if applicable  - if applicable  Please complete section (d) or (e + f) where an employee was in receipt of tasable Disablity Benefit since	was on Week 1/Month 1
Amount of Taxable LUMP SUM  STotal amount of taxable Disabilit  Amount by which Tax Credits v	PATMENT on termination included in 190 by enefit included in pay figure above 100 re reduced - if applicable	either pay figure above - if applicable  - if applicable  Please complete section (d) or (e + f) where an employee was in receipt of tacable Disability Benefit since 1st January start while resployed by you	was on Week 1/Month 1
Amount of Taxable LUMP SUM  (Total amount of taxable Disabilit  Amount by which Tax Credits v	PAYMENT on termination included in	either pay figure above - if applicable  - if applicable  Please complete section (d) or (e + f) where an employee was in receipt of tacable Disability Benefit since 1st January start while resployed by you	was on Week 1/Month 1
c) Amount by which Tax Credits  Amount by which Tax Credits  Amount by which Standard R	PATMENT on termination included in y enefit included in pay figure above to reduced - if applicable	either pay figure above - if applicable  - if applicable  Peases complete section (5) or (a + 6), where an employee was in innected to taxable Disablety Benefit since that January last while employed by you take	was on Week 1/Month 1 basis at Date of Consation
Amount of Taxable LUMP SUM  3)Total amount of taxable Disability  3) Amount by which Tax Credits w	PATMENT on termination included in pometic included in pay figure above 00 or reduced - if applicable 00 or reduced - if	either pay figure above - II applicable  - II applicable  Please complete section   5] or (e + f) where an employee was in model of tasable Disability Bound's since II all January last while employed by you feld  Total number of weeks. Tot	was on Week 1Month 1 basis at Date of Cessation
c) Arrount of Taxable LUMP SUM  3) Total amount of taxable Disability  3) Arrount by which Tax Credits  3) Arrount by which Standard Ri  RS1 - This Employment On  fold PRS1	PATMENT on termination included in 	either pay figure above - if applicable  - if applicable  Please complete section (if) or (a + 6) where an amplique with investig of trausible Disability Borel fariors  1st January last while employed by you tell  Total number of weeks of broundle Employment  1 to a provide Employment  1 to	was or Week 1Month 1 basis at Date of Consation  in umber of weeks at Class A abclass "A" in this period
(a) Arrount of Taxable LUMP BUM (d) Total amount of taxable Disability (d) Arrount by which Tax Credits v (e) Arrount by which Standard Ri (SB) - This Employment Onto (SB	PATMENT on termination included in pometic included in pay figure above 00 or reduced - if applicable 00 or reduced - if	either pay figure above - II applicable  - II applicable  Please complete section   5] or (e + f) where an employee was in model of tasable Disability Bound's since II all January last while employed by you feld  Total number of weeks. Tot	was on Week 1Month 1 basis at Date of Cessation

P-60

PAY-RELATED SOCIAL INSURANCE YEAR ENDED 31st DEC. 2005

Mount Street

Total pay (i.e. gross pay less any superannuation contribution allowable for income tax purposes) in above year including pay in respect of previous employment(s), if any.

2. Pay in respect of previous employment(s), if any, in above year.

2. Tax in respect of previous employment(s), if any, in above year

Employer's Name
Dimbays Mushrooms Ltd:
TO THE EMPLOYEE THIS IS A VALUABLE DOCUMENT. You so
You may also require this document for production to the C
(a) PRSi contributions on the amount of pay in excess of th
(b) the Health Contribution where income was below the re

3. Net tax deducted (37)/refunded (H9) in this employment.

Pay in respect of THIS employment (i.e. gross pay less superannuation contributions allowable for income tax pur

Total net tax deducted in above year (including tax deducted by previous employer(s), if any).

Personal Public Service No. Co Mayo (PPS No.)

Enter "W" if week 1 / month 1 applied

(A) PAY.

(B) TAX.

PAYE - PRSI

"I" indicates that temporary basis applied

"2" indicates that emergency basis applied.

Enter 'D' if employee was a director.

6,299.03

2,104.24 I/We certify that the particulars given above include the total amount of pay (including of ertime, bonus, commission, etc.) paid to you by me/us 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.

Enter 'X' if there were 53 pay days in the year.

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

(C) PRSI in this employment

Employer's Regd. No. 3398793Q Date 16/ d retain it carefully as evidence of tax deducted.

EMPLOYEE'S PRSL

Standard Rate Cut Off € Point 28,028

309.73

986.87

12

AL

11/10/2005

## **ULTIMUL PAY SLIP**

