



Formular de înregistrare

Rambursarea taxelor din Marea Britanie

VA RUGAM SA FOLOSITI LITERE ENGLEZEȘTI (FARA DIACRITICE)!

RT Tax

Prenumele: **PRENUMELE**
Al doilea Prenume: **AL DOILEA PRENUME**
Numele de familie: **NUMELE DE FAMILIE**
Data nasterii: 19 11 / 11 / 11z Tel./Mob.: 999 999 999 999
Adresa de e-mail: email@email.com
NIN: AB 12 34 56 C
UTR: _____

NIN - Numarul National de Asigurare
UTR - Numarul Unic de Platoritor de Taxe (Unique Taxpayer Reference)

Va rugam sa enumerati toate sosirile si plecările din Marea Britanie, cu exceptia vacanțelor scurte:

Data de sositie in Marea Britanie: 2009a / 07 / 10z	Data plecării din Marea Britanie: 2009a / 10 / 01z
Data de sositie in Marea Britanie: 2010a / 08 / 01z	Data plecării din Marea Britanie: 2010a / 12 / 03z
Data de sositie in Marea Britanie: 20__a / __ / __z	Data plecării din Marea Britanie: 20__a / __ / __z
Data de sositie in Marea Britanie: 20__a / __ / __z	Data plecării din Marea Britanie: 20__a / __ / __z

Aveti in plan sa va intoaceti in Marea Britanie in urmatoorii trei ani? Da ☐ Nu ☒

Daca "Da", va rugam sa indicati datele de vizita: _____

Ati mai aplicat pentru returnarea taxelor cu ajutorul RT Tax, cu o alta companie sau personal? Da ☐ Nu ☒

Daca "Da" dati detalii: _____

Adresa dumneavoastra in Marea Britanie:	Adresa dumneavoastra in tara natala:
ADRESA DUMNEAVOASTRA IN	ADRESA DUMNEAVOASTRA
MAREA BRITANIE	IN TARA NATALA

Informații angajare:

Cati angajatori ati avut: 2

Trebuie sa listati TOI ANGAJATORII. Daca nu faceti acest lucru pot aparea probleme in rambursarea taxelor.

1. Compania: NUMELE COMPANIEI	2. Compania: NUMELE COMPANIEI
Adresa: ADRESA COMPANIEI	Adresa: ADRESA COMPANIEI
Tel/Fax: TEL./FAX COMPANIEI	Tel/Fax: TEL./FAX COMPANIEI
E-mail: E-MAIL COMPANIEI	E-mail: E-MAIL COMPANIEI

Lucrat de la data: 2009a / 07 / 15z pana la data 2009a / 10 / 01z

Lucrat de la data: 2010a / 08 / 12z pana la data 2010a / 12 / 03z

Observatiile clientului:
Observatiile RT Tax:
Venit:
Taxe platite:

3. Compania: _____
Adresa: _____
Tel/Fax: _____
E-mail: _____

Lucrat de la data: __a / __ / __z pana la data __a / __ / __z

4. Compania: _____
Adresa: _____
Tel/Fax: _____
E-mail: _____

Lucrat de la data: __a / __ / __z pana la data __a / __ / __z

Prin semnarea acestui formular declar ca toate informatiile pe care le-am furnizat aici sunt corect si complete.

Semnatura: **X SEMNATURA**
Data: DATA



Formularul de solicitare a rambursării

IMPORTANT! În unele cazuri Autoritățile Fiscale vor trimite cecul de returnare aș taxelor direct la adresa dumneavoastră de domiciliu. Dacă se întâmplă acest lucru va trebui să ne informați despre acest lucru, sunand la: +370 37 320391 sau trimițând un e-mail la: info@rttax.com și să plătiți comisionul pentru serviciu, care apare în contractul de serviciu.

ADRESA DUMNEAVOASTRĂ POȘTALĂ: PRENUMELE, AL DOILEA PRENUME, NUMELE DE FAMILIE
(PRENUMELE, AL DOILEA PRENUME, NUMELE DE FAMILIE)

STRADA, NUMĂRUL, APARTAMENTUL
(STRADA, NUMĂRUL, APARTAMENTUL)

JUDEȚUL, SATUL, COMUNA SAU ORAȘUL
(JUDEȚUL, SATUL, COMUNA SAU ORAȘUL)

CODUL POȘTAL ȘI ȚARA
(CODUL POȘTAL ȘI ȚARA)

Informații bancare:

IMPORTANT:

- RT TAX VĂ VA TAXA CU 12GBP (Marea Britanie) PENTRU TRANSFERUL BANCAR. RT TAX NU ESTE RESPONSABILĂ PENTRU COMISIOANELE ÎNCASATE DE CĂTRE BANCA CLIENTULUI.
- Vă rugăm să vă vizitați sau să vă sunați banca înainte de a completa această secțiune. Puteți să și atașați o declarație de la banca dumneavoastră, care să arate detaliile contului dumneavoastră pentru transferul de bani internaționali în GBP către contul dumneavoastră bancar.
- Va exista un comision adițional de 50 GBP încasat de bancă, dacă banca trebuie să repete transferul datorită unor informații furnizate incorect sau incomplet.
- Plata va fi făcută în GBP.

DETALIILE BĂNCII BENEFICIARE

CONTUL BANCAR PERSONAL: CONTUL BANCAR PERSONAL

NUMELE COMPLET AL TITULARULUI DE CONT: NUMELE COMPLET AL TITULARULUI DE CONT

INFORMAȚIILE BANCARE: NUMELE COMPLET AL BĂNCII; NUMELE FILIALEI
(NUMELE COMPLET AL BĂNCII; NUMELE FILIALEI)

CODUL SWIFT AL BĂNCII / NUMĂRUL ROUTING
(CODUL SWIFT AL BĂNCII / NUMĂRUL ROUTING)

ADRESA BĂNCII: ORAȘUL ȘI ȚARA
(BANK ADDRESS: CITY AND COUNTRY)

DETALIILE BĂNCII CORESPONDENTE/INTERMEDIARE

(Banca corespondentă nu poate fi aceeași ca banca beneficiară)

NUMELE COMPLET AL BĂNCII
(NUMELE COMPLET AL BĂNCII)

CODUL SWIFT AL BĂNCII NUMĂRUL CONTULUI DIN BANCA CORESPONDENTĂ
(CODUL SWIFT AL BĂNCII) (NUMĂRUL CONTULUI DIN BANCA CORESPONDENTĂ)

ADRESA BĂNCII
(ADRESA BĂNCII)

Semnând acest formular declar că toate informațiile pe care le-am furnizat aici sunt corecte și complete.
Sunt de acord cu termenii și condițiile asigurate în acest formular.

Semnatura: **X SEMNATURA**

Data: 20 13 / 01 / 10

I, the undersigned,
 date of birth, National Insurance Number, residing at,
 (hereinafter referred to as the "Principal"), hereby grant a power of attorney to the company, A and Z Group, Inc. its officers and / or employees with its registered address at Laisves Al. 67, Kaunas LT-44304, Lithuania, (hereinafter referred to as the "Agent"), to sign, verify and file all the principal's individual repayment claims and other tax returns; pay all taxes; claim, sue for and receive all tax refunds; examine and copy all the principal's tax returns and records; represent the principal before any taxing body and sign and deliver all tax powers of attorney on behalf of the principal that may be necessary for such purposes; waive rights and sign all documents on behalf of the principal as required to settle, pay and determine all tax liabilities; and, in general, exercise all powers with respect to tax matters which the principal could if present and under no disability.

On the basis of this power of attorney A and Z Group, Inc. its officers and/or employees are given the authority:

1. To act as an agent in dealing with the Principal's individual U.K. income tax applications for the tax years 2008-2013.
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 Inc. Laisves Al. 67, Kaunas LT-44304, Lithuania.
4. To use own postal address on the Principal's tax returns. To receive all correspondence from the U.K. Tax Authorities.

The undersigned does hereby appoint A and Z Group, Inc 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 and Z Group, Inc its officers and / or employees to exercise the prerogatives granted herein shall commence and be in full force and effect and remain in full force and effect for a period of twenty four months of the date of its signing.

Signed this day of 20.....
 Signature of the Principal: **X SEMNĀTURA**

POWER OF ATTORNEY

....., personal ID No / date of birth (the "Principal") hereby authorises UAB A & Z Group, company code 302522637, office address at Laisves Al. 67, Kaunas, Lithuania, its managers and/or employees (the "Agent")

to perform any and all actions required for the proper performance of the Agent's obligations under the Collection Agreement executed with the Principal, i.e. including, but not limited to:

- (i) to receive the cheques drawn for the benefit of the Principal and in the name of the Principal or in the name of the Agent (the "Cheques") from any persons;
- (ii) to collect the Cheques in the bank account of the Agent;
- (iii) to receive on behalf of the Principal amounts transferred by third parties;
- (iv) to transfer the amounts received after collection of Cheques or received directly from the third parties to the Principal by a bank transfer, by issuing a cheque or in any other way if its agreed by the Principal and the Agent;
- (v) from the amount to be transferred to the Principal to deduct the fee payable to the Agent under the Collection Agreement and the amount of service fee payable to Torus Solution NV, under the Services Agreement executed between the Principal and Torus Solution NV;
- (vi) to prepare, sign, submit and receive all and any documents related to the above mentioned assignments, and to perform all and any other actions in connection with the foregoing.

The Agent shall be entitled to delegate powers granted hereunder to any third person. This Power of Attorney shall be valid for 2 (two) years from its execution.

The Principal (Signature): **X SEMNĀTURA**

Date:

Collection Agreement

Place:

Date:

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

(1) **UAB A & Z Group**, company code 302522637, Laisves Al 67, Kaunas, Lithuania (the "Agent"), e-mail: info@urbotransfers.com, and

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

Hereinafter the Agent and the Principal together are referred to as the "Parties" and each separately as the "Party".

RECITALS

- (A) The Principal and Torus Solution NV have executed the Services Agreement, pursuant to which Torus Solution NV shall provide receivables administration services (the "Receivables") in accordance with the Services Agreement. Receivables will be refunded to the Principal in a form of cheque (cheques will be drawn in the name of the Principal or the Agent, who provides cheques collection and related services (the "Cheque"), as the nominee of the Principal) or by a direct bank transfer;
- (B) The Parties wish to agree on the terms and conditions of the collection of the Cheque;
- (C) For the purposes of implementation of this Agreement, the Agent will use the personal data, bank account details and other information of the Principal submitted to the Agent.

1. Subject matter

1.1. In accordance with the terms and conditions set in this Agreement, the Agent shall provide to the Principal cheques collection and related services (the "Services") and the Principal shall accept and remunerate for such Services.

2. Terms of Provision of Services

2.1. The Parties agree that the Agent will act and shall be indicated in all related documents as the nominee to receive the Cheque and/or other kinds of payments on behalf of the Principal.

2.2. Once the Cheque is received by the Agent, he will submit the cheque for collection to any bank selected by the Agent. The submission shall be made not later than within 15 (fifteen) days from the receipt of the Cheque or other receivables.

2.3. The Cheque or other payments received shall be collected on the separate bank account of the Agent. The collected money and/or amounts received from the third parties shall be accounted separately from the funds of the Agent in a separate account. The Parties agree that these amounts are owned by the Principal and are held in the account of the Agent for the benefit of the Principal in accordance with this Agreement until the transfer of the amounts due to the Principal in accordance with this Agreement. These amounts shall not be considered as the income of or as otherwise owned by the Agent and, unless agreed otherwise, the Agent shall not be entitled to use the collected money for his own needs.

2.4. If according to this agreement, the Principal does not provide required Principal's personal data including bank account information for completion of the Services within 1 (one) year from the date the Collection Agreement was signed, the Agent shall deduct its service fee and (if applicable) additional bank charges under Section 2.6(ii) and shall transfer the remaining amount(s) to Torus Solution NV bank account. This shall be treated as proper and full performance of the obligations of the Agent set in the Agreement and the Agent shall not be held liable for any further claims against the amounts concerned.

2.5. The money received after collection of the Cheque or received directly from any third parties shall be refunded to the Principal after deduction of the Service Fee in accordance with Section 3.1, 3.2 hereof, and the service fee payable by the Principal to the Torus Solution NV under the Services Agreement and (if applicable) additional bank charges under Section 2.6(ii), by a bank transfer or by a bank cheque drawn in the name of the Principal or his/her nominee.

2.6. The Agent shall bear the cost of one bank transfer. However, the Agent shall not be responsible for (i) any fees charged by the Principal's bank or intermediary bank; or (ii) for any additional bank charges if the bank needs to repeat the transfer because of the incorrect or incomplete information provided. Where the receivable amount is converted from one currency to another, it shall be calculated in accordance with the exchange rate applied by the respective bank valid on the day of conversion for the purposes of the bank transfer to be made to the Principal's bank account. The Agent shall bear the cost of the currency conversion.

2.7. While providing the Services the Agent shall as necessary disclose that he is acting as the nominee of the Principal and the collection of the Cheque or other payments received and transfer of money is made in the name and on behalf of the Principal.

3. The Services Fees

3.1. The fee for the Services (the "Service Fee") shall be a fixed amount of GBP 12 (twelve) plus VAT (if applicable) for one transfer issued to the Principal in accordance with the terms and conditions of this Agreement.

3.2. The Service Fee shall be deducted from the amount received after collection of the Cheque or from the other payments received, prior to the transferring it to the Principal's bank account or issuing the cheque.

4. Validity of the Agreement

4.1. 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.

4.2. The Agreement may be terminated by the mutual agreement of the Parties.

4.3. The Principal shall have the right to unilaterally terminate the Agreement only prior to Torus Solution NV has started implementing agreed conditions described in the Services Agreement, by informing the Agent in accordance with Section 5.3 hereof. After Torus Solution NV activities has been started, the Agent will complete the provisions of the Services hereunder, to the extent possible, and shall have a right to make the deductions in accordance with Section 2.5 and (if applicable) Section 2.6 hereof.

5. Miscellaneous

5.1. This Agreement is executed in English. The electronic copy of the Agreement shall be provided to the Principal at his request after it is executed by the Agent. All amendments to the Agreement shall be valid if they are in writing and signed by both Parties.

5.2. The Agreement shall be governed by the Lithuanian law, and any dispute arising from or in connection with the Agreement shall be resolved by the court of the Republic of Lithuania.

5.3. 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 to the addresses of the Agent provided above, and to the addresses of the Principal provided by the Torus Solution NV under the Services Agreement.

Agent

Principal
X SEMNĀTURA

4. How you want to be paid any money due back to you

Not everyone gets a refund. It is not always possible to issue a payment to a non-UK bank account. If you are due a refund, we can either pay it to you or someone else on your behalf – they are known as a 'nominee'. Please choose one of the following two options:

<input type="checkbox"/> Option one – Pay into a UK bank or building society account	<input checked="" type="checkbox"/> Option two – Pay by cheque direct to me or my nominee
Bank sort code □□ – □□ – □□	Put 'X' in one box
Account number □□□□□□□□□□	Make the cheque payable to me <input type="checkbox"/>
Account holder's name □□□□□□□□□□	I authorise the cheque to be payable to my nominee <input checked="" type="checkbox"/>
Bank or building society name and address	Name of nominee A AND Z GROUP INC
Name □□□□□□□□□□	Address to send cheque to
Address □□□□□□□□□□	LAISVES AL 67
Postcode □□□□□□	KAUNAS
Put 'X' in one box	REPUBLIC OF LITHUANIA
This is my account <input type="checkbox"/>	LT-44304
This is my nominee's account <input type="checkbox"/>	

Declaration

You must sign this declaration.

If you give information which you know is not correct or complete, action may be taken against you.

- I declare that:
- the information I have given on this form is correct and complete to the best of my knowledge.
 - I claim repayment of any tax due back to me.

Signature ☒ SEMNĀTURA

Date DD MM YYYY
□□ □□ □□ □□

What to do now

Put an 'X' in relevant box

I have enclosed parts 2 and 3 of my form P45 Details of employee leaving work ☐

Do not send photocopies. If you have not yet received your P45 from your employer please get it before you return this form.

I can't get a form P45 ☐

Please tell us why in the box below, for example because you are retired or a UK Crown servant employed abroad.

If you have a form P45 and don't send it to us, any repayment due to you cannot be made.

Please send this form to your tax office. You can find your tax office address by:

- going to www.hmrc.gov.uk selecting Contact us and choosing Income Tax
- asking your employer.

We will let you know the outcome of this claim as soon as we can.

Please complete, sign, then send this form to your HM Revenue & Customs office. Use CAPITAL letters

Date received by HM Revenue & Customs

Details of Claimant

Full name
Address
Postcode

Claim

I claim repayment of the amount overpaid by me, (for non SA claims the period or year ended must be entered in the box aside).

/ /

Claimant's signature

☒ SEMNĀTURA

Date

/ /

If you complete a Self Assessment Return your repayment will usually be sent direct to you or your nominee's bank or building society account. Please include the branch sort code, the account number and if appropriate, the name and address of the nominee in the authority below. If you or your nominee does not have a bank account, we can arrange for repayment to be made in the form of a payable order but you or your nominee will need to open a bank or building society account in order to cash it. If the repayment is to be sent to your nominee by payable order, the nominee's name and address must be entered in the authority below.

If you do not complete a Self Assessment Return your repayment will be made in the form of a payable order, which must be paid into a bank or building society account. If you do not have a bank or building society account you should nominate someone who does to receive the order for you. If the repayment is to be sent to a nominee or posted direct to your bank or building society by payable order, the name and address must be entered in the authority below. Also include your account number and sort code if the payable order is to be posted direct to your bank or building society.

Authority

I authorise nominee/agent (delete as appropriate)*

Your/your nominee's bank or building society account number (delete as appropriate)

A and Z Group, Inc

of (full address)

LAISVES AL 67

KAUNAS

REPUBLIC OF LITHUANIA

Postcode LT-44304

Branch Sort Code

– –

Agent's reference (if applicable)

to receive on my behalf the amount due

Claimant's signature

☒ SEMNĀTURA

Date

/ /

*enter the name of the account holder or the person who will receive the payable order.

Date received by HM Revenue & Customs

Full name
Address
Postcode

	/	/
--	---	---

Date / / [illegible]

--	--

Date / /  HM Revenue & Customs

--	--	--	--	--

□ □ □ □ □

--	--	--	--	--	--	--	--

[illegible]

I, (print your name)

of (name of your business, company or trust if applicable)

authorise HMRC to disclose information to

(agent's business name)

A and Z Group, Inc
who is acting on my/our behalf. This authorisation is limited to
the matters shown on the right-hand side of this form.

~~Signature~~ see note 1 before signing

SEMNĂTURA

Date _____

Give **your personal** details or Company registered office here

Address

Postcode

Telephone number

Give your agent's details here

Address

LAISVES AL 67

KAUNAS

REPUBLIC OF LITHUANIA

Postcode LT-44304

Telephone number +370-37-755211

Agent codes (SA/CT/PAYE)

Client reference

For official use only

SA ☐ / / COTAX ☐ / /
NIRS ☐ / / EBS ☐ / /
COP ☐ / / VAT ☐ / /
NTC ☐ / / COP link ☐ / /

Date: 2013-01-10

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

(1) Tonic Taxation NV (d/b/a RT Tax), company code 126937, represented by the person duly authorized under existing legislation (the "Service Provider"); and

(2) **PRENUME, NUME** (the "Client");

date of birth: 1911-11-11

(the "Client");

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

REQUISITS

- (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. 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 Client 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.

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;
2.1.5. 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:
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 Service 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;
2.2.4. 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 80;
3.1.4. 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 55; GBP 601 and more, the service fee shall be 11% from the refunded amount.
3.1.5. 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;
3.1.7. Norway: the service fee shall be 14% from the refunded amount, with a fixed minimum of EUR 80;
3.1.8. The Netherlands: the service fee shall be 11% from the refunded amount with a fixed minimum of EUR 49;
3.1.9. Germany: the service fee shall be 14% from the refunded amount with a fixed minimum of EUR 50;
3.1.10. Canada: the service fee shall be 11% from the refunded amount, with a fixed minimum of 70 CAD;
3.1.11. New Zealand: the service fee shall be 14% from the refunded amount, with a fixed minimum of 135 NZD;
3.1.12. Australia: the service fee shall be 10% from the refunded amount, with a fixed minimum of 105 AUD;
3.2. 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, CAD, RF-1015B (Norway) - EUR 17, "Jaaropgaaf" form (the Netherlands) - EUR 15, "Lohnsteuerkarte" (Germany) - EUR 15, "Summary of Earnings" (New Zealand) - 45 NZD, "Payment Summary" PAYG form (Australia) - AUD 30.
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 reach a settlement, 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 SEMNĂTURA

MAREA BRITANIE DOCUMENTE (MODELE)

P-45

CĂȘTIGUL TOTAL LA CÂȘTIGUL ANIMATOR

P45 FORM I
P45 FORM I
HRY Revenue & Customs

Details of employee leaving work
Copy for employee

1) Employer PPS reference
Office number / Reference number
0E3 / PARQ2

2) Employees National Insurance number

3) Title - enter MR, MRS, MISS, MS or other title
MRS
Surname or family name
First or given name(s)

4) Leaving date DD MM YYYY
22 09 2010

5) Student Loan deductions
☐ Student Loan deductions to continue
☒ Student Loan deductions to continue

6) Tax Code at leaving date
647L
If you are over 1 month-1 applies, enter 'X' in the box below
Month 1 ☐

7) Last employer's P13 Deductions Working Sheet
Complete details of Tax Code is cumulative. If there is an 'X' in box 8 there will be no entries here.
Week number 26 Month number
Total pay to date £ 5363.65 p
Total tax to date £ 424.60 p

8) This employment pay and tax. If no entry here, the amounts are those shown at box 7.
Total pay in this employment £ p
Total tax in this employment £ p

9) Works number/Payroll number and Department or branch (if any)
086333
PW70E1

10) Employer's private address
BOERLANDOAN CASTLE HOTEL
BOERLANDOAN
DUNDURIDGE
Postcode LL18 5XA
County
I certify that the details entered in items 1 to 11 are correct
Employer name and address
LETBURE EMPLOYMENT SERVICES LTD
1 PARK LAKE
HENGEL KEMPSTAD
HERTS

11) Gender Enter 'X' in the appropriate box
Male ☐ Female ☒

12) Date of birth DD MM YYYY
26 07 1985

To the employee
The P45 is for three parts. Please keep this part (Part 1A) safe as it may be required when you start your new job.

TOTALUL TAXELOR PE VENIT PLĂTITE

P-60

ANNUAL TOTAL DE L'IMPÔT À DÉCLARER

do not destroy

P60 End of Year Certificate

2009-10

Your employer's name and address
The New Forest Fruit Company Ltd
Newforest Farm
Church Lane
East Boldre
Bournemouth
PO42 7WS

Tax Year to 5 April

Has Revenue to Certificate office name

Scotland 3/3

Signature (P60 reference)

563 / KAT9013

Employee's details

National Insurance Number
BK 95

First name
Surname

First name
Surname

Worked
normal
hours

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Gender ☐ M ☐ F ☐ male ☐ female

Your private address

Employee's details in this employment

Is the UK, or
overseas
employee
(see E2)

Is the UK, or
overseas
employee
(see E2)

Is the UK, or
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Is the UK, or
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employee
(see E2)

(Note: E1 = Lower earnings limit, E2 = Earnings threshold
Upper Annual Payment, E3 = Upper Earnings Limit)

Are you an employee of the company?

Are you an employee of the company?

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Are you an employee of the company?

Statutory Payments included in the pay in this employment figure below

Statutory Maternity Pay (SMP) 0.00

Statutory Sick Pay (SSP) 0.00

Statutory Paternity Pay (SPP) 0.00

Statutory Adoption Pay (SAP) 0.00

Statutory Shared Parental Pay (ShPP) 0.00

Statutory Shared Parental Pay (ShPP) 0.00

Statutory Shared Parental Pay (ShPP) 0.00</

ULTIMUL PAY SLIP

Employee No.		Employee Name		VENIT TOTAL (INTRODU SUMA TOTALĂ (YTD))	
129	Mr I			31/07/2010	D40593M Table A
Payments	Units	Rate	Amount	Deductions	Amount
Hours	160.00	5.6110	929.60	PAYE Tax	119.00
Holiday Pay	1.00	205.6000	205.60	National Insurance	72.49
				Rent	175.89
Total Gross			1135.40	Total Deductions	367.38
Mr I Follyfoot Farm Taunton Road North Petherthon Somerset TA6 6NW				Year To Date Total Gross Pay TD 1791.18 Gross for Tax TD 1791.18 Tax paid TD 142.00 Earnings For NI TD 1786.00 National Insurance TD 92.18	
Wise Fruits Tax Code: 647L M1 Dept: 0 Tax Period:				Net Pay 768.02	

VOUCHER-UL CIS

TOTAL INCOME - ADD INCOME FROM ALL OF CIS VOUCHERS

Monthly Summary Report:

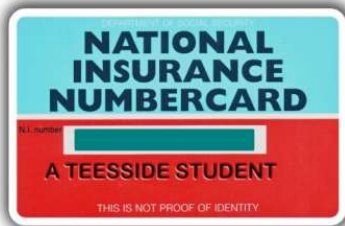
Contractor	L E PARTITIONS
PAYE	846/S283615
Subcontractor UTR	

Month Ending	Gross Payment	Tax Deducted	Net Payment
05/05/2009	4,700.00	940.00	3,760.00
Total:	4,700.00	940.00	3,760.00

INCOME TAX PAID - ADD TAX FROM ALL OF CIS VOUCHERS

DECLARAȚIA LUNARĂ DE SUBCONTRACTANT

NUMĂRUL DE ASIGURARE NAȚIONALĂ



SubContractor Monthly Statement

Contractor's Employer's Reference Number: XXXXXXXXXX	
Construction Industry Scheme Statement of payment and deduction for month ending: XXXXXXXXXX	
Subcontractor	
Name: XXXXXXXXXX	
Unique Tax Payer Reference XXXXXXXXXX	
NINO: XXXXXXXXXX	
CRN: XXXXXXXXXX	
Higher Rate Verification Number: XXXXXXXXXX	
Gross amount paid (Excl VAT and CITB levy): (A)	1,668.00
Less cost of materials:	0.00
Amount liable to deduction	1,668.00
CIS Tax Deducted: (B)	<u>333.55</u>
Amount Payable: (A-B)	1,334.45
*Verification number only to be entered where a deduction at the higher rate has been made.	