



## Регистрационная форма

Возврат налогов из Ирландии

RT TAX

Имя: ИМЯ

Отчество: ОТЧЕСТВО

Фамилия: ФАМИЛИЯ

Дата рождения: 19 11 г. / 11 м. / 11 ч. Тел./моб. тел.: 999 999 999 999

Эл. почта: email@email.com

PPS (НСГО): 1234567A PPS - Номер Службы Государственного Обеспечения

Перечислите ВСЕ прибытия в и отъезды из Ирландии, кроме кратковременных отпусков:

Дата прибытия в Ирландию: <u>2010</u> ч. / <u>07</u> мес. / <u>10</u> г.	Дата отбытия из Ирландии: <u>2010</u> ч. / <u>10</u> мес. / <u>01</u> г.
Дата прибытия в Ирландию: <u>2011</u> ч. / <u>08</u> мес. / <u>01</u> г.	Дата отбытия из Ирландии: <u>2011</u> ч. / <u>12</u> мес. / <u>03</u> г.
Дата прибытия в Ирландию: ____ ч. / ____ мес. / ____ г.	Дата отбытия из Ирландии: ____ ч. / ____ мес. / ____ г.
Дата прибытия в Ирландию: ____ ч. / ____ мес. / ____ г.	Дата отбытия из Ирландии: ____ ч. / ____ мес. / ____ г.
Дата прибытия в Ирландию: ____ ч. / ____ мес. / ____ г.	Дата отбытия из Ирландии: ____ ч. / ____ мес. / ____ г.

Возвращали ли раньше или пытались ли возвратить налоги сами или с помощью другого предприятия?

Да ☐ Нет ☒

Если ответ "Да", объясните подробнее: \_\_\_\_\_

Ваш адрес в стране проживания: ВАШ АДРЕС В СТРАНЕ ПРОЖИВАНИЯ

### Данные о работодателях

Укажите на скольких работах работали: 2

Просим предоставить информацию обо всех работодателях. Если этого не сделаете, возвращение налогов может быть затруднено.

<b>1. Компания:</b> <u>Название компании</u>	<b>2. Компания:</b> <u>Название компании</u>
Адрес: <u>Адрес компании</u>	Адрес: <u>Адрес компании</u>
Тел./Факс: <u>Тел./Факс компании</u>	Тел./Факс: <u>Тел./Факс компании</u>
Эл. почта: <u>Эл. почта компании</u>	Эл. почта: <u>Эл. почта компании</u>
Работали с <u>2010</u> ч. / <u>08</u> мес. / <u>01</u> г. до <u>2010</u> ч. / <u>10</u> мес. / <u>01</u> г.	Работали с <u>2011</u> ч. / <u>08</u> мес. / <u>12</u> г. до <u>2011</u> ч. / <u>12</u> мес. / <u>03</u> г.

Примечания клиента:

Примечания RT Tax:

Заработано:

Уплачено налогов:

**3. Компания:** \_\_\_\_\_

Адрес: \_\_\_\_\_

Тел./Факс: \_\_\_\_\_

Эл. почта: \_\_\_\_\_

Работали с: \_\_\_\_ ч. / \_\_\_\_ мес. / \_\_\_\_ г. до \_\_\_\_ ч. / \_\_\_\_ мес. / \_\_\_\_ г.

**4. Компания:** \_\_\_\_\_

Адрес: \_\_\_\_\_

Тел./Факс: \_\_\_\_\_

Эл. почта: \_\_\_\_\_

Работали с: \_\_\_\_ ч. / \_\_\_\_ мес. / \_\_\_\_ г. до \_\_\_\_ ч. / \_\_\_\_ мес. / \_\_\_\_ г.

Подписав эту форму, я подтверждаю, что вся предоставленная мной информация верна.

Подпись: X ПОДПИСЬ

Дата: ДАТА



## Power of attorney

Ireland

I, the undersigned \_\_\_\_\_, date of birth \_\_\_\_\_, PPS number \_\_\_\_\_, residing at \_\_\_\_\_

(hereinafter referred to as the "Principal"), hereby grant a power of attorney to the company, A & Z Group, UAB **TAIN 74531A** its officers and / or employees based in Laisves Aleja 67, Kaunas LT-44304, LITHUANIA, to sign, verify and file all the principal's individual repayment claims and other tax returns; receive all tax refunds; examine and copy all the principal's tax returns and records; represent the principal before any taxing body and, in general, exercise all powers with respect to tax matters which the principal could if present and under no disability.

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

1. 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.
4. 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 ДАТА, 20\_\_\_\_.

Signature of the Principal: X ПОДПИСЬ





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

Date: .....

- (1) Torus Solution NV (dba RT Tax), company code 126057, represented by the person duly authorized under existing legislation (the "Service Provider"); and
- (2) ..... (the "Client").
- Hereinafter the Service Provider and the Client together are referred to as the "Parties" and each separately as the "Party".
- REGULATIONS**
- (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 Services Provider or by filling in the online information form available at the Service Provider's internet site;
- 2.2.2. to fill in and sign any forms and other documents required for the completion of the tax refund;
- 2.2.3. to inform the Service Provider immediately and in all cases not later than within 5 (five) days, if the foreign tax or other authority transfers the refunded amount or a part thereof or sends the Tax Refund Cheque for the full refund amount or a part thereof directly to the Client;
- 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, RF-1015B (Norway) – EUR 17, "Jaaropgave" form (the Netherlands) – EUR 17, "Lohnsteuerkarte" (Germany) – EUR 17, "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 come to an agreement, the disputes shall be finally settled by the competent court. All notices and other communication under this Agreement shall be in writing and shall be handed in person or sent by regular mail, e-mail or fax.

Client X ПОДПИСЬ

# ИРЛАНДИЯ ДОКУМЕНТЫ (ОБРАЗЦЫ)

Форма P-45

**ОБЩАЯ СУММА УПЛАЧЕННЫХ НАЛОГОВ**

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

Surname of Employee **K** First Name **V** Address **CO. CORK**

PPS Number **58** Date of Birth **01/01/10** Unit Number **001** Employer Registered Number **6531722**

Payroll/Works No. **0110110** Date of Cessation **21/04/10** Decedent (Mark box (B) if employee is deceased) **2**

Mark box (B) if employee was paid weekly or monthly ☒ Weekly ☐ Monthly Mark box (B) if emergency operation ☐

Weekly/Monthly Tax Credit **7039** Week/Month Number **40** Weekly/Monthly Standard Rate Cut-Off Point **7000**

(a) Total Pay & Tax deducted from 1 January last to Date of Cessation

Total Pay	11835.00	Total Tax Deducted	7596.74
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(b) If employment started since 1 January last enter Pay and Tax deducted (or Tax refunded) for this period of employment only

Pay (this employment)	11835.00	Tax Deducted or Tax Refunded	7596.74
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(c) Amount of Taxable LUMP SUM PAYMENT on termination included in either pay figure above - if applicable

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

(e) Amount by which Tax Credits were reduced - if applicable

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

PRSI - This Employment Only

Total PRSI	1926.50	Employee's Share	669.44
PRSI Classes other than Class A or Subclass "A" in this period		Total number of weeks of Insurable Employment	23
		Total number of weeks at Class A or Subclass "A" in this period	23

**ОБЩАЯ СУММА ДОХОДОВ**

Форма P-60

**ОБЩАЯ СУММА ДОХОДОВ**

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

Name of Employee: **Mount Street** Address: **Claremorris** Personal Public Service No. **Co Mayo** (PPS No.)

Enter "W" if week 1 / month 1 applied **W** Enter "D" if employee was a director.

**PAYE - PRSI** Tax Credit € **1,560** Standard Rate Cut Off € **28,028** Point **E9** **1** at 31st December. **F9** **X**

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

(A) PAY. €

1. Total pay (i.e. gross pay less any superannuation contributions allowable for income tax purposes) in above year including pay in respect of previous employment(s), if any.	6,299.03
2. Pay in respect of previous employment(s), if any, in above year.	
3. Pay in respect of THIS employment (i.e. gross pay less superannuation contributions allowable for income tax purposes).	6,299.03

(B) TAX. €

1. Total net tax deducted in above year (including tax deducted by previous employer(s), if any).	2,104.24
2. Tax in respect of previous employment(s), if any, in above year.	
3. Net tax deducted (77)refunded (77) in this employment.	2,104.24

(C) PRSI in this employment €

1. EMPLOYEE'S PRSI.	309.73
2. TOTAL (employer + employee) PRSI.	986.87
3. Total number of weeks insurable employment.	12
4. Initial social insurance contribution class.	A1
5. Subsequent social insurance contribution class.	AL
6. No. of weeks at the class entered at line 5 above.	1
7. Date of commencement of employment.	11/10/2005

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

Employer's Name **Drimbawn Mushrooms Ltd** Employer's Regd. No. **6398793Q** Date **16/01/2006**

TO THE EMPLOYEE: THIS IS A VALUABLE DOCUMENT. You should retain it carefully as evidence of tax deducted. You may also require this document for production to the Revenue.

(a) PRSI contributions on the amount of pay in excess of the

(b) the Health Contribution where income was below the re

**ОБЩАЯ СУММА УПЛАЧЕННЫХ НАЛОГОВ**

Последний расчетный чек

**TOTAL INCOME (ENTER YEAR TO DATE (YTD) AMOUNT)** **38** Groundwork

Thesaurus 2007 Payroll Software **ties Limited (Er. No. 6350481C)**

Date	22/11/2007	Total Pay	689.70	Euro
PPS Number	46	(+)		
Period	A1	(+)		
PRSI Class	A1	(-)		
Weekly Tax Credit	67.70	(-) CIF	19.03	
Weekly Cut Off	653.85	Total Gross	670.67	
Basis	Cumul	PAYE	66.43	
Rate	14.52	PRSI ee	35.16	
Hours	47.50	(+)		
Basic Pay	689.70	(+)		
Total Pay	689.70	(-) Union Dues	4.26	
		(-) CIF	2.46	
		Payment	562.36	
		PRSI er	72.10	

**Cumulatives this employment**

Gross	16956.39
PAYE	277.08
PRSI ee	885.12
PRSI er	1817.03
Insurable Weeks	24

**Cumulatives last employment**

Gross	0.00
PAYE	0.00

**TOTAL INCOME TAX PAID**