



Регистрационная форма

Возврат налогов из Норвегии

RT TAX

ПОЖАЛУЙСТА, ИСПОЛЬЗУЙТЕ ЛАТИНСКИЙ ШРИФТ

Имя: **ИМЯ** Ваш адрес в **Ваш адрес в**
 Отчество: **ОТЧЕСТВО** стране проживания: **стране проживания**
 Фамилия: **ФАМИЛИЯ**
 Дата рождения: 19 11 г./ 11 м./ 11 ч. Тел./моб. тел.: 999 999 999 999
 Эл. почта email@email.com
 FODSELSNUMMER (Личный идентификационный номер): 12345678901

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

Дата прибытия в Норвегию: 2010 ч. / 07 мес. / 10 г. Дата отбытия из Норвегии: 2010 ч. / 10 мес. / 01 г.
 Дата прибытия в Норвегию: 2011 ч. / 08 мес. / 01 г. Дата отбытия из Норвегии: 2011 ч. / 12 мес. / 03 г.
 Дата прибытия в Норвегию: ___ ч. / ___ мес. / ___ г. Дата отбытия из Норвегии: ___ ч. / ___ мес. / ___ г.

Планируете ли Вы поехать в Норвегию в ближайшие 6 месяцев? Да Нет

Работали ли Вы в Норвегии более двух календарных лет? Да Нет Если у вас есть активный банковский счёт в Норвегии, ваш возврат может быть переведён на этот счёт.

Открыт ли у Вас банковский счет в Норвегии? Да Нет

Семейное положение: Неженат/не замужем Женат/замужем Разведен(а) Вдовец/вдова

Если Вы состоите в браке: имя, фамилия и дата рождения супруга(и):

Работал(а) ли Ваш(а) супруг(а) в Норвегии? Да Нет 19 __ г. / __ м. / __ ч.

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

Если ответ "Да", укажите где и когда:

Если у Вас есть дети
 имена, фамилии и даты рождения детей:
 1. ИМЯ, ФАМИЛИЯ 1985 08 01 Напишите адрес, где Вы проживали во время Вашей работы в Норвегии:
 2. ИМЯ, ФАМИЛИЯ 1990 02 08 Напишите адрес, где Вы проживали во время Вашей работы в Норвегии:
 3. _____

Данные о работодателях

На скольких работодателях Вы работали? (Просим предоставить информацию обо всех работодателях). 2

1. Компания: Название компании Тел./Факс: Тел./Факс компании
 Адрес: Адрес компании Эл. Почта: Эл.почта компании
 Работали с: 2010 ч. / 07 мес. / 15 г. до 2010 ч. / 10 мес. / 01 г.

Примечания клиента:

Примечания RT Tax:
 Заработано:
 Уплачено налогов:

2. Компания: Название компании Тел./Факс: Тел./Факс компании
 Адрес: Адрес компании Эл. Почта: Эл.почта компании
 Работали с: 2011 ч. / 08 мес. / 12 г. до 2011 ч. / 12 мес. / 03 г.

3. Компания: _____ Тел./Факс: _____
 Адрес: _____ 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

Jeg / I, p. nr / D-Number

Permanent adresse / Permanent address:

..... gir med dette fullmakt til følgende representant / hereby appoint the following representative as attorney in-fact:

A & Z Group, Inc. (company code 302522637)
Laisves Al. 67, Kaunas LT-44304, Lithuania
tel. +370-37-755211

til å opptre på mine vegne som min lovlige representant når det gjelder følgende saker / to act as the taxpayer legal representative for the following matters:

Skattetype / Type of tax: Inntektsskatt / Income

Skatteår / Tax years:

Fullmakten omfatter følgende handlinger / Acts Authorized:

Representanten gis fullmakt til å motta og gjennomgå konfidensiell skatteinformasjon, herunder, men ikke begrenset til: selvangivelser, skatteklikninger og tilbakebetaling av skatt på mine vegne. Representanten kan utføre alle handlinger som jeg kan selv i skattesakene som er beskrevet ovenfor / The representative is authorized to receive and inspect confidential tax information, including but not limited to: tax returns, tax settlement notices and refunds on my behalf. The representative can perform any and all acts I can perform in respect to the tax matters described above.

Jeg erklærer at / I declare that:

- Jeg er fullt informert om alt innholdet i dette skjemaet og forstår fullt ut betydningen av å gi disse fullmaktene til representanten min / I am fully informed as to all the contents of this form and understand the full import of granting these powers to my representative.
- Jeg gir instruksjon om at tilbakebetaling av for mye innbetalt skatt skal innbetales til følgende bankkonto eller via sjekk til representanten min / I agree my refund of overpaid taxes to be deposited into the following bank account or to my representative by cheque:

NORDEA BANK NORGE ASA
Middelthuns gate 17, NO-0368, OSLO
A & Z Group, Inc, Laives Al 67, Kaunas LT44304, Lithuania
IBAN: NO3060050766678, SWIFT: NDEANOKK

- Denne fullmakten skal trå i kraft straks den er undertegnet og utløper den datoen disse sakene er fullført / This Power of Attorney shall become effective immediately on the date signed and shall terminate on the date these matters are completed.
- Denne fullmakten skal sendes til Sentralskattkontoret for utenlandssaker og/eller det lokale likningskontoret avhengig av hva som er riktig / This Power of Attorney shall be presented before the Central Office – Foreign Tax Affairs and / or the local tax office depending on the case could be.
- Denne fullmakten tilbakekaller alle andre fullmakter som måtte være gitt / This Power of Attorney revokes all prior Power of Attorney(s) filed.

Fullt navn / Full name: ИМЯ ФАМИЛИЯ

Dato / Date: ДАТА

Undertegnet / Signed: X ПОДПИСЬ



International Tax Collection Authority
 Postboks 8103
 4068 Stavanger
 Norway

Bank Account Details

Name _____

Norwegian personal identification number / 11 digits _____

Bank account number _____

*The bank account number **must** be confirmed by documentation from your bank, stating that you are the account holder or that you have the power of disposition.*

BIC/SWIFT _____

IBAN _____

If your bank does not operate with a BIC or SWIFT enter the bank-code _____

Place and date _____

X ПОДПИСЬ _____

Signature

*This form **must** be signed by an authorized person, such as an accountant, auditor or lawyer, who has been given the power of attorney to represent the principal.*

Forms with incomplete information or missing documentation will not be considered for registration.



Selvangivelse/skatteligning
 Income Tax Return/Assessment

Til / To, _____

Selvangivelse/skatteligning / Income Tax Return/Assessment

Skatteår / Tax Years: _____

Jeg / I, p. nr / D-Number
 vil be om at min forhåndstrykte selvangivelse, skatteligningen og all annen skatterelatert korrespondanse blir sendt i mitt navn til følgende adresse / Would like to request my pre-printed tax return, my tax settlement notice and all other tax related correspondence send in my name to the following address:

A & Z Group, Inc.
 Laisves Al. 67,
 Kaunas LT-44304,
 Lithuania

Undertegnet / Signed: **X ПОДПИСЬ** Dato / Date: _____

Total transferred from the previous page

4.3 Real properties

Item no.	Address		
		+	
		+	
		+	
		+	
		+	
Total real properties			= ▶ +

Other capital (items 4.2, 4.4, 4.5 and 4.6)

Item no.	Text		
		+	
		+	
		+	
		+	
		+	
Total other capital			= ▶ +
Total gross capital			=

Debt

Item no.	Text		
		+	
		+	
		+	
		+	
		+	
Total debt			= ▶ +
Net capital			=

Comments

I would like to point out to you that I have a tax representative A & Z Group, Inc and would like all of my correspondence to be sent to them at the address:

A & Z Group, Inc
Laisves Al. 67
Kaunas, LT-44304
Lithuania

Bank account for payment in case tax refund should be due to you

If you do not possess a Norwegian bank account, we request you to submit IBAN and BIC here for payment of eventual tax refund:

IBAN: BIC:

IBAN is an abbreviation for International Bank Account Number and substitutes account numbers within the EU/EEA. IBAN should be filled in consecutively without space, dash, stop etc. BIC is an abbreviation for Bank Identifier Code. It consists of 8 or 11 characters.

Payment of eventual tax refund to this bank account requires you to be the account-holder.

State the number of enclosures with this tax return

Signature

I affirm that I have provided information to the best of my judgment, that the information is as complete as possible, and that, to the best of my knowledge, it contains no incorrect information. I am aware that providing incorrect or incomplete information can result in criminal liability.

Date Signature X ПОДПИСЬ

Issued by the Directorate of Taxes pursuant to section 4-3 no 2 of the Tax Assessment Act and the Ministry of Finance's delegation decision no 1064 of 28 November 1994.

Netto inntekt/ Net income

3.0	Personinntekt overført fra post 2.1/Personal income transferred from item 2.1		
3.2.1	Minstefradrag (se tabell i rettleidingen)/Minimum deduction (see the table in the guidelines)		
	Velg en av disse postene. Postene kan ikke kombineres/Choose one of these items. The items cannot be combined	3.3.7 10% standardfradrag beregnet av beløp i post 3.0/10% standard deduction calculated on amount declared in item 3.0	
		3.3.7.1 Alternativt fradrag (spesifiseres nedenfor)/Alternative deduction (specify below)	
3.3.13	Sum fradrag/Total deductions	=	▶ +
3.6	Netto inntekt/Net income	=	

Alternativ til 10 % standardfradrag/Alternative to 10% standard deduction

3.2.8	Fradrag for reise mellom arbeidssted og oppholdssted i Norge/Deduction for travels between workplace and place of residence in Norway	Antall reiser/ Number of travels	Km (tur/retur)/ Km (there and back)	Total strekning i km/ Total distance in km			
3.2.9	Reiseutgifter ved besøk i hjemmet i utlandet/Travel expenses for home visits abroad						
Sum antall kilometer/Total number of kilometer					=	Beløp/Amount	=
Bompenger og fergeutgifter/Tolls and ferry expenses							
Sum/Total							=
Standard begrensning av reisefradraget/Standard limit on travel deduction							+
Netto reisefradrag/Net travel deduction							=
3.2.7	Merkostnader til kost ved arbeidsopphold borte fra hjemmet/pendling/Extra expenses for board when working away from home/commuting						+
3.2.7	Merkostnader til losji ved arbeidsopphold utenfor hjemmet/pendling (spesifiser)/Extra expenses for lodging when working away for home/commuting (please specify)						+
Sum inntektsfradrag som alternativ til 10% fradrag (overføres til post 3.3.7.1)/Total income deductions as alternative to 10% deduction (transfer to item 3.3.7.1)							=

Kontaktperson hos arbeidsgiver/Contact at employer

Navn/Name Telefon/Telephone E-postadresse/E-mail address

5 Tilleggsopplysninger/Additional information

I would like to point out to you that I have a tax representative A & Z Group, Inc and would like all of my correspondence to be sent to them at the address:

A & Z Group, Inc
Laisves Al. 67
Kaunas, LT-44304
Lithuania

Bankkonto for utbetaling av tilgodebeløp for skatt/Bank account for payment in case tax refund should be due to you

Dersom du ikke har bankkonto i Norge, men i et annet land, ber vi om at du oppgir IBAN nummer og BIC kode her for utbetaling av eventuelt tilgodebeløp for skatt./If you do not possess a Norwegian bank account, we request you to submit IBAN and BIC here for payment of eventual tax refund:

IBAN nummer: BIC kode:

IBAN er forkortelsen for International Bank Account Number og erstatter kontonummer innen EU/EØS. IBAN nummer skal skrives fortløpende uten opphold, skråstrek, tankestrek, punktum eller lignende. BIC er forkortelsen for Bank Identifier Code. Den består av enten 8 eller 11 karakterer./IBAN is an abbreviation for International Bank Account Number and substitutes account numbers within the EU/EEA. IBAN should be filled in consecutively without space, dash, stop etc. BIC is an abbreviation for Bank Identifier Code. It consists of 8 or 11 characters.

For å kunne benytte denne bankkontoen for utbetaling av eventuelt tilgodebeløp for skatt må du være kontoholder./Payment of eventual tax refund to this bank account requires you to be the account-holder.

Antall vedlegg/
Number of enclosures Husk å påføre alle vedlegg navn og fødselsnummer/
Please write your name and ID no. on each of the enclosures

Underskrift/Signature

Jeg forsikrer at opplysningene er gitt etter beste skjønn og overbevisning og så fullstendig som det har vært mulig, og at det etter det jeg vet ikke finnes noe uriktig i dem. Jeg er kjent med at jeg kan komme i straffesansvar om jeg gir uriktige eller ufullstendige opplysninger.

I hereby confirm that, to the best of my knowledge, the information given here is correct and complete. I recognise that that giving incorrect or incomplete information is a criminal offence.

Date/Date Underskrift/Signature X ПОДПИСЬ

RF-1038 må leveres på papir til skattekontorene eller sendes til en av disse postadressene ved post.

A paper copy of RF-1038 must be submitted to the tax office or sent to one of the postal addresses mentioned below.

Skatt øst
Postboks 9200 Grønland
N-0134 OSLO

Skatt sør
Postboks 2412
N-3104 Tønsberg

Skatt Midt-Norge
Postboks 2060
N-6402 Molde

Telefonnummer i Norge/
Telephone no. in Norway
800 800 00

Skatt øst,
Postboks 1073 Valaskjold
N-1705 Sarpsborg

Skatt vest
Postboks 8103
N-4068 Stavanger

Skatt nord
Postboks 6310
N-9203 Tromsø

Telefonnummer fra utlandet/
Telephone no. from abroad
+47 22 07 70 00

F Who is moving?

In this form, you can report a change of home address for yourself, and some or all household members who are moving with you. For children under the age of 18, it is the person or persons with parental responsibility who is/are obliged to report the move and sign the form.

1. Name (surname, given name and middle name (if any))

National identity number Marital status Occupation after moving Employer Place of work

2. Name (surname, given name and middle name (if any))

National identity number Marital status Occupation after moving Employer Place of work

3. Name (surname, given name and middle name (if any))

National identity number Marital status Occupation after moving Employer Place of work

4. Name (surname, given name and middle name (if any))

National identity number Marital status Occupation after moving Employer Place of work

5. Name (surname, given name and middle name (if any))

National identity number Marital status Occupation after moving Employer Place of work

6. Name (surname, given name and middle name (if any))

National identity number Marital status Occupation after moving Employer Place of work

G How can the tax office get in touch with you?

E-mail

Telephone

H Date and signature

The person who has a duty to report the move abroad must sign the form. You can also sign on behalf of your spouse, cohabitant, partner and children under the age of 18 if the family is moving together. If parents have shared parental responsibility

for children under the age of 18 and one of the parents is not covered by the notification, both parents must sign it. The same applies if the child moves alone.

I confirm that the information stated in this form is correct. It is a criminal offence to supply incorrect information or to withhold information.

Date

Signature(s)

X ПОДПИСЬ

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

Date:

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

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

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

REGULARS

(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.

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, 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. 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

