

APPLICATION FORM

CONTACT INFORMATION

PLEASE PRINT IN BLOCK CAPITALS

Title: Mr Mrs Ms	First Name	Middle Initial	Surname
Date of Birth DD / MM / YYYY	Mobile		Telephone
Email		Marital Status:	
Postal Address	Street		Country
	City / county / district / zip code		
Nationality		How did you hear about our services?	

VISA INFORMATION

Visa Type: J <input type="checkbox"/> F1 <input type="checkbox"/> H1B <input type="checkbox"/> H2B <input type="checkbox"/> Q <input type="checkbox"/> L <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> Tourist <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____	Program Type: Work & Travel <input type="checkbox"/> Intern/Trainee <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____
If you had more than one visit during the tax year, please provide I-94 log or a complete list of entry and exit dates.	
Date of arrival in the USA dd/mm/yyyy	Date of departure from the USA dd/mm/yyyy
Have you ever filed a US tax return with the IRS before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state for which year: _____ and provide copies of your last filed Federal/State tax returns	
Which tax year are you applying for now?	Have you applied for this tax year before? Yes <input type="checkbox"/> No <input type="checkbox"/>

VISA, ENTRY AND EXIT DATES INFORMATION

USA entry date	USA exit date	Visa type (if applicable) and purpose of visit:
DD / MM / YYYY	DD / MM / YYYY	
DD / MM / YYYY	DD / MM / YYYY	
DD / MM / YYYY	DD / MM / YYYY	
DD / MM / YYYY	DD / MM / YYYY	
DD / MM / YYYY	DD / MM / YYYY	
DD / MM / YYYY	DD / MM / YYYY	
DD / MM / YYYY	DD / MM / YYYY	

EMPLOYMENT INFORMATION

EMPLOYER 1

Company Name	Occupation		
Address	Telephone		
State you worked in	First work date	mm/dd/yyyy	Final work date
		mm/dd/yyyy	mm/dd/yyyy
Do you have your final pay stub or W2? Yes No			

EMPLOYER 2

Company Name	Occupation		
Address	Telephone		
State you worked in	First work date	mm/dd/yyyy	Final work date
		mm/dd/yyyy	mm/dd/yyyy
Do you have your final pay stub or W2? Yes No			

ADDITIONAL INFORMATION

At any time during 2022, did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency?		Yes	No
Have you received any economic impact payments from the Internal Revenue Service?		Yes	No
If yes* please provide amounts:			

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date ____/____/____

► Go to www.irs.gov/Form2848 for instructions and the latest information.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address	Taxpayer identification number(s)	
	Daytime telephone number	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address ENCHO YORDANOV TAXBACK 14 ST STEPHEN'S GREEN, DUBLIN 2, IRELAND	CAF No. 0312-11899R PTIN P01474659 Telephone No. +353 1 635 3740 Fax No. +353 1 670 6963
Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
INDIVIDUAL INCOME TAX	1040, 1040-NR, 1040-X	2022, 2021,2020,2019
FICA TAX	843, 8316	2022, 2021,2020,2019
ITIN	W-7	

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. Specific Use Not Recorded on CAF in the instructions ☐

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): ☒ Access my IRS records via an Intermediate Service Provider; ☒ Authorize disclosure to third parties; ☒ Substitute or add representative(s); ☒ Sign a return; THIS POWER OF ATTORNEY IS BEING FILED PURSUANT TO REGULATIONS SECTION 1.6012-1(a)(5) BY REASON OF CONTINUOUS ABSENCE FROM THE USA AS APPLICABLE TO US RESIDENTS AND SECTION 1.6012-1(b)(3) AS APPLICABLE TO NON-RESIDENTS

☒ Other acts authorized: RECEIPT OF REFUND CHECKS AS AGENT FOR TAXPAYER

- b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

- 7 Taxpayer declaration and signature.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

► IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

✓ _____
Signature Date Title (if applicable)

✓ _____
Print name Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d–f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date

Tax Information Authorization

- Go to www.irs.gov/Form8821 for instructions and the latest information.
► Don't sign this form unless all applicable lines have been completed.
► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
For IRS Use Only
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ☐

Name and address INA EDWARDS TAXBACK INC, 1 BATCHO KIRO ST, VARNA 9000 BULGARIA	CAF No. _____ PTIN _____ Telephone No. 8882038900 Fax No. 3128734202
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address MARIA YORDANOVA TAXBACK INC, 1 BATCHO KIRO ST, VARNA 9000 BULGARIA	CAF No. _____ PTIN _____ Telephone No. 8882038900 Fax No. 3128734202
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

☐ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
INDIVIDUAL INCOME TAX	1040,1040-NR,1040-NR-EZ,1040X	2022,2021,2020,2019,2018	N/A
FICA TAX	843, 8316	2022,2021,2020,2019,2018	N/A




4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 ☐

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain ☐
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

 Signature	 mm/dd/yyyy Date
 Print Name	 Title (if applicable)

CUSTOMER AGREEMENT

The customer agreement forms the basis of the relationship between Taxback and you. It is an important document, please read the points in full and ensure you understand them, before signing.

I confirm that:

1. I understand that Taxback.com is a trading name for the services of Taxback Inc., Chicago, USA, and hereby contract with Taxback Inc. to carry out the services described herewith.
2. I understand that Taxback Inc will utilise its parent company Taxback and its subsidiary and affiliate companies to gather information regarding the services where necessary and that the contract remains with Taxback Inc for the duration of the service.
3. I have signed the necessary power of attorney(s) to authorise Taxback. Inc, and / or its subsidiary undertakings trading as Taxback.com and referred to hereafter as the Agent, to prepare this tax return and represent me before the US tax authorities (IRS and State tax authorities).
4. I authorise the Agent to receive all correspondence from the US tax authorities on my behalf.
5. I understand that receipts are required to substantiate any claim that I make for expenses.
6. Prior to receiving my refund, I agree to pay the agreed fee for preparation of my US federal and / or state tax return(s).
7. I understand that if I pay the fee in advance, my refund cheque will be mailed directly to the address I have provided.
8. I understand and accept that if I don't pay the fee in advance, the Agent will receive the cheque from the tax authorities and send it to me once the agent commission is transferred by me and received in the agent's bank account.
9. In the event that I receive the refund directly from any other source other than the Agent, I understand and agree that I will pay the fee due to the Agent for the work completed.
10. In the event that I owe income tax for other tax years, and the US tax authorities deduct this owed money from the refund due for other tax year(s), I understand and agree that I need to pay the Agent processing fee for each tax year for which a tax return was processed.
11. I understand that the US tax authorities will make the final decision on the value of any refund due. I understand that the Agent will provide the best estimation possible based on current tax law and information given, however this is estimation only, not a guarantee.
12. I agree to and accept the terms and conditions of service as written online at www.taxback.com and to any changes in the terms and conditions which Taxback Inc may effect from time to time, and to the fees of the agent which represents the services I have requested and which are provided by Taxback Inc and/or its affiliate companies.
13. I understand that information collected in writing and/or verbally for US tax return filing services can and may be used for internal auditing purposes by Taxback.com and provided to the US Tax Authorities (IRS and State Tax Authorities) for external auditing purposes, subject to relevant data protection legislation.
14. I confirm that I have given the Agent all information needed and available to me.
15. I commit to updating the Agent of any change in my contact details.
16. I understand that the Agent will either submit my tax application(s) to the relevant tax office or prepare the tax return(s) and provide these to me, as soon as I have been informed of the refund amount and have sent all necessary documentation.
17. I agree that in the event that I wish to cancel my application, I will contact Taxback.com immediately. I understand that while Taxback.com will make every effort to recall my application, if it has already been sent to the tax authorities, this may not be possible.

Name in print ✓	Date ✓ mm/dd/yyyy
Social Security Number ✓	Signature ✓

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION under IRC Section 7216

To ensure your tax return is prepared in a compliant and correct manner, we draw on the expertise and experience of our international tax team. In line with Treas. Reg. Section 301.7216-3 and Rev. Proc. 2013-14, we request that you provide consent to us so that we can share and store your data, including your SSN and employment and tax data, with our international tax team to ensure your tax return is compliant.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties (our international colleagues will qualify as third parties as they are employed by Taxback international offices, not by Taxback Inc. directly) for purposes other than the preparation and filing of your tax return and, in certain limited circumstances, for purposes involving tax return preparation.

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security Number ("SSN"). Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States which will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. Section 7216) to protect privacy and prevent unauthorized access of tax return information.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

If you agree to allow Taxback to disclose your tax return information, including your SSN, to Taxback staff and affiliates for the purpose of providing assistance in the preparation of your individual income tax returns, please sign this form and print your name in capital letters.

Name in print	✓
Signature	✓
Date	mm/dd/yyyy



New York State Department of Taxation and Finance
New York City Department of Finance

Power of Attorney

POA-1
(6/17)



Read instructions on the back before completing this form. For estate tax matters, use Form ET-14, *Estate Tax Power of Attorney*.
Filing Form POA-1 **does not automatically revoke** any previously filed powers of attorney (POAs), but may affect who receives mailings.

1. Taxpayer information (taxpayers must sign and date this form in section 5)

Taxpayer's name		Taxpayer's identification number	
Spouse's name (if you filed a joint tax return and both spouses are appointing the same representative)		Spouse's SSN	
Mailing address (number and street with apartment or suite number, or PO Box)	City	State	ZIP code
c/o TAXBACK, IDA PARK, RING ROAD,	KILKENNY, IRELAND	FC	00000
Country (if not United States)			

2. Representative information (special conditions may apply; see instructions)

Primary individual representative name		Firm name (if any)		Telephone number	
ENCHO YORDANOV, EA				888 203-8900	
Mailing address (number and street with apartment or suite number, or PO Box)	City	State	ZIP code		
333 N. MICHIGAN AVE., SUITE 2415,	CHICAGO	IL	60601		
Country (if not United States)		Email address			
		TAXPREPARATION@TAXBACK.COM			
Title or profession (see instructions)		PTIN, SSN, or EIN		NYTPRIN (if applicable)	
		P01474659			
Additional individual representative name		Firm name (if any)		Telephone number	
ASHLEY BROWN				11 353 1670 6959	
Mailing address (number and street with apartment or suite number, or PO Box)	City	State	ZIP code		
c/o TAXBACK, IDA PARK, RING ROAD,	KILKENNY				
Country (if not United States)		Email address			
IRELAND		TAXPREPARATION@TAXBACK.COM			
Title or profession (see instructions)		PTIN, SSN, or EIN		NYTPRIN (if applicable)	

3. Mailings

We will send copies of notices and other communications related to the matters authorized in section 4 to the **primary individual representative** listed above. If you want them sent to a different representative who has a POA on file for the same matters, enter that individual's name below.

Name of representative to receive copies of notices and other communications: _____

4. Authority granted

The taxpayers named in section 1 appoint the individuals named in section 2 to act as their representatives with **full authority** to receive confidential information and to perform **any and all acts** the taxpayers can perform, unless limited below, in connection with the following matters. Your appointed representatives will **not** have the authority to sign tax returns or delegate their authority to another individual unless specifically authorized below.

Mark an **X** in all boxes that apply. If this section is left blank, this POA will cover **all tax types for all tax periods**.

Tax type	Years, periods, or transaction	Tax type	Years, periods, or transaction
<input type="checkbox"/> All		<input type="checkbox"/> Sales and Use	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Withholding	
<input type="checkbox"/> Partnership/LLP/LLC		<input type="checkbox"/> Other (explain):	
<input checked="" type="checkbox"/> Personal Income	2017, 2016, 2015, 2014		

Mark an **X** in the box if this POA is for: ☐ An offer in compromise (OIC) case
☐ A conciliation conference or Tax Appeals hearing

I want to limit the authority granted by this POA as follows (explain): _____

I have other POAs on file for the specific matters identified above and want to revoke all of these other POAs ☐

I authorize the representatives in section 2 to do the following:

☒ Sign tax returns (including refund/credit applications) on my behalf ☐ Delegate his/her/their authority to another individual

5. Taxpayer signature

I certify, under penalty of perjury, that I am the taxpayer named in section 1, or a corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary acting on behalf of the taxpayer, and that I have the authority to execute this POA.

Signature	Print or type name (and title, if applicable)	Date	Telephone number
			mm/dd/yyyy
Spouse's signature (required if spouse listed in section 1)	Print or type name	Date	Telephone number

► IF NOT SIGNED AND DATED, THIS POA WILL NOT BE PROCESSED.

See instructions on back for **Where to send Form POA-1**.

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