RT TAX

Реєстраційний формуляр

Повернення податку з США

БУДЬ ЛАСКА, ПИШІТЬ ЛАТИНСЬКИМИ ЛІТЕРАМИ! UNICS CAREER CENTER

Ім'я: VOLODYMYR

По-батькові:

Прізвище: ZELENSKYI

E-mail:

Дата народження: 1987 р /09 м /23 д

Дом. тел.: ☐

Місто народження:

Моб. тел.: ☑ +3897262833

Номер соціального страхування: 333 — 33 — 3333

Ім'я та прізвище ваших батька та матері: Petro Zelenskyi, Ilona Zelenska

Дата прибуття до США: 2021 р / 05 м / 25 д

Дата виїзду із США: 2021 р / 09 м / 13 д

За який рік ви хочете отримати відшкодування податку з RT Tax? 2021

Ви подавали заявку на те саме відшкодування податку, яке подаєте зараз, з іншою компанією або самостійно раніше? Так ☐ Ні ☑

Скільки у вас було роботодавців: 1

В якому штаті ви працювали: MD

Інформація про працевлаштування

Потрібно перерахувати ВСІХ РОБОТОДАВЦІВ (навіть якщо ви не платили податки на цій роботі)

Ви повинні надати останні розрахункові зарплатні листки або форми W-2 з усіх робочих місць, однак форми W-2 є необхідними

Ми надамо послугу пошуку документів, якщо деякі документи відсутні

1. Компанія: JOLLY ROGER AMUSEMENT PARK

Адреса: 2801 PHILADELPHIA AVE, OCEAN CITY, 28764

Тел./Факс:

E-mail:

У мене є форма W-2 або останній зарплатний листок з цієї роботи ТАК ☑ НІ ☐

☐ Я хочу, щоб RT Tax зараз розпочала пошук W-2

Примітка: якщо ви не надішлете нам форму W-2 від цього роботодавця до 15 лютого, ми автоматично розпочнемо пошук форми W-2.

1. Компанія:

Адреса:

Тел./Факс:

E-mail:

У мене є форма W-2 або останній зарплатний листок з цієї роботи ТАК ☐ НІ ☐

☐ Я хочу, щоб RT Tax зараз розпочала пошук W-2

Примітка: якщо ви не надішлете нам форму W-2 від цього роботодавця до 15 лютого, ми автоматично розпочнемо пошук форми W-2.

2. Компанія:

Адреса:

Тел./Факс:

E-mail:

У мене є форма W-2 або останній зарплатний листок з цієї роботи

☐ Я хочу, щоб RT Tax зараз розпочала пошук W-2 ТАК ☐ НІ ☐

Примітка: якщо ви не надішлете нам форму W-2 від цього роботодавця до 15 лютого, ми автоматично розпочнемо пошук форми W-2.

4. Компанія:

Адреса:

Тел./Факс:

E-mail:

У мене є форма W-2 або останній зарплатний листок з цієї роботи ТАК ☐ НІ ☐

☐ Я хочу, щоб RT Tax зараз розпочала пошук W-2

Примітка: якщо ви не надішлете нам форму W-2 від цього роботодавця до 15 лютого, ми автоматично розпочнемо пошук форми W-2.

Примітки клієнта:

Примітки RT Tax:

Дохід:

Сплачені податки:

Якщо ви отримаєте будь-яку кореспонденцію з податкових органів США на свою домашню адресу, ви повинні якомога швидше повідомити нас на нашу електронну адресу **info@rttax.com**.
Підписуючи цю форму, я заявляю, що вся інформація, надана мною у цій формі, є правильною та повною.

Підпис: X

Дата: X 06.12.2021

POWER OF ATTORNEY

I, the undersigned ...VOLODYMYR.................................ZELENSKYI.........................., date of birth ......1987.......09 23........, Social Security number ....3 3 3 - 3 3 - 3 3 3 3........., residing at ....

.... (hereinafter referred to as the "Principal"), hereby grant a power of attorney to the company, „Unidata" Ltd, Reg. No 303490943, its officers and/or employees (hereinafter referred to as the "Agent"), to sign, verify and file all the principal's federal, state, social security and medicare, local income and other tax returns; examine and copy all the principal's tax returns and records; represent the principal before any federal, state or local revenue agency or 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 "Unidata" Ltd its officers and/or employees are given the authority:

1. To act as an agent in preparing and dealing with the Principal's income tax return(s).
2. To use own postal address on the Principal's tax return(s), receive all correspondence from the IRS and State Tax Authorities and receive refund checks issued in Principal's name at the address stated bellow:

   1219 Ogden Ave. Suite #C, Downers Grove, IL 60515, USA
3. To request from the Principals employer(s) and to receive Principal's W-2 form to the address:

   1219 Ogden Ave. Suite #C, Downers Grove, IL 60515, USA
4. To deal with Principal's Social Security and MediCare (FICA) tax rebate.

This Power of Attorney shall become effective immediately on the date signed and shall be valid for three years.

Date: 06.12.2021.......................................

Signature of the Principal: **X** ....

Form **2848** (Rev. February 2020) Department of the Treasury Internal Revenue Service

Power of Attorney and Declaration of Representative

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

OMB No. 1545-0150

For IRS Use Only
Received by:
Name
Telephone
Function
Date / /

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

UAB RT, P/D 219
KAUNAS, LT-44001, LITHUANIA

CAF No.
PTIN
Telephone No. 630-303-7192
Fax No. 630-390-2242

Check if to be sent copies of notices and communications ☐ Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No.
PTIN
Telephone No.
Fax No.

Check if to be sent copies of notices and communications ☐ Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No.
PTIN
Telephone No.
Fax No.

(**Note:** IRS sends notices and communications to only two representatives.) Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No.
PTIN
Telephone No.
Fax No.

(**Note:** IRS sends notices and communications to only two representatives.) Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

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

3 Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that 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	1040EZ, 1040NR-EZ, 1040NR, 4852	2021, 2020, 2019, 2018
FICA Tax	843, 8316	2021, 2020, 2019, 2018
State Income Tax		2021, 2020, 2019, 2018

4 Specific use not recorded on 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 filled pursuant to Regulations section 1-6012-1(a)(5) by reason of my continuous absence from the United States.

☒ Other acts authorized: In addition, the representative is authorized to make, execute and file form 4506-T and specific claim for refund on forms 843 and 8316.

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 document. 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 Signature of taxpayer. 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, or trustee on behalf of the taxpayer, I certify that 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.

X

Signature | Date | Title (if applicable)

X VOLODYMYR ZELONSKYI

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 contained 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—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an 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

Form **8821**

(Rev. February 2020)

Department of the Treasury
Internal Revenue Service

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.**

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 7.

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

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ▶ ☐

Name and address	CAF No.
	PTIN
	Telephone No.
	Fax No.
	Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax Information. Appointee 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	1040EZ, 1040NR-EZ, 1040NR, 4852	2021, 2020, 2019, 2018	
FICA Tax	843, 8316	2021, 2020, 2019, 2018	
State Income Tax		2021, 2020, 2019, 2018	

4 Specific use not recorded on 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 lines 5 and 6 . . . . ▶ ☐

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . ▶ ☒

Note: Appointees will no longer receive forms, publications, and other related materials with the notices.

b If you don't want any copies of notices or communications sent to your appointee, check this box . . . . ▶ ☐

6 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 6 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 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or party 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 COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

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

X [signature]
Signature | Date

X VOLODYMYR ZELENSKYI
Print Name | Title (if applicable)

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	**Social security number**
Spouse's name	**Spouse's social security number**

Part I Tax Return Information — Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	
2	Total tax	2	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Unitrust Finance, Inc (**ERO firm name**) to enter or generate my PIN [ ] [ ] [ ] [ ] [ ] (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ X Date ▶

Spouse's PIN: check one box only

☐ I authorize ______ (**ERO firm name**) to enter or generate my PIN [ ] [ ] [ ] [ ] [ ] (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ Date ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

RT TAX Agreement

This Services Agreement (the "**Agreement**") is executed by and between: Date: 06.12.2021

(1) Unitrust Finance, Inc (dba RT Tax), company code 70464217, address 1219 Ogden Ave, Suite #C, Downers Grove, IL 60515, USA represented by the person dully authorized under existing legislation (the "**Service Provider**"); and

(2) VOLODYMYR ZELENSKYI, date of birth 1987 09 23 (the "**Client**").

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

RECITALS

(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 established in this Agreement and the General Terms and Conditions of Services (hereinafter - **T&C**), 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 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 in accordance of the terms and conditions of this Agreement.

1.2. By signing 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, prepaid debit card or by a bank cheque drawn in the name of the Client. If Tax Refund Cheque is received, the Cheque shall be collected and the tax refund amount shall be transferred to the Client by the Services Provider and (or) the third person engaged by the Service Provider for payment collection services in accordance with the T&C.

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 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 organise the collection of the Tax Refund Cheque and (or) to instruct the tax authority to transfer the tax refund amount to the Service Provider and (or) the third person engaged by the Service Provider for payment collection services in accordance with the T&C for subsequent transfer of tax refund amount to the Client (excluded the Service Fee indicated in Clause 3.1 and 3.2), or to instruct the tax authority to transfer the tax refund directly to the Client's prepaid debit card.

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 and perform other obligations established in the T&C, which constitute an inseparable part of this Agreement;

2.2.3. to fill in and sign any forms and other documents required for the issue of the Payoneer, Inc debit card and to accept the tax refund amount to the "Payoneer" debit card (excluded the Service Fee indicated in Clause 3.1 and 3.2) when so required;

2.2.4. 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;

2.2.5. to inform the Service provider immediately in the case during the validity term of this Agreement the Client concludes any agreement regarding the tax refund services in the United States of America with other service providers. In such case the Service provider is entitled unilaterally to terminate this Agreement.

2.2.6. to inform the Service Provider of the new employment or self-employment in a foreign country;

2.2.7. 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;

2.2.8. 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 USA tax refund (Federal and State), if the tax refund amount is between 0-790 USD, the service fee shall be 79 USD; 791 and more USD, the service fee shall be 10% from the refunded amount;

3.1.2. Additional Fee applies for the "Fast" tax refund – 49 USD. "Fast" is only available for Federal tax refund – you will get State refund as "Regular";

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 90.

3.2. The additional fees: for the retrieval of the lost or missing W2 form is 25 USD, for filling the USA amended tax return (F 1040X) the fee is 79 USD, for financial administration the fee is 29 USD. If the retrieval of the lost or missing W2 for is needed, the Client hereby agrees and authorizes the Service Provider to contact the Client's employer to get the copy of the mentioned form (subject to the aforementioned fee of 25 USD).

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 and as indicated in the T&C.

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 or Client's Payoneer, Inc debit card will be charged. If, by some reasons, the Client receives the tax refund cheque to his home address, he/she must inform about it Service Provider and pay the Service Fee (s) according to this Agreement. If the Client does not pay the Service Fee (s) in 10 (ten) days after receiving the invoice, he/she shall be obligated to pay late charges 0.2 percent per month on the unpaid balance of the invoice.

3.6. If during the process of filing the documents the Service Provider becomes aware that the Client is not entitled to the tax refund (i.e. there is a tax debt), the Service Provider will calculate and provide the Client with the amount of the tax debt and the Service Fee payable to the Service Provider. In such case, the Service Provider continues the filing of documents only after the Client agrees to proceed and pays to the Service Provider the calculated Service Fee.

4. Processing of personal data

4.1. Service provider, acting as a data controller, shall process Client's personal data for the purposes of: (i) proper performance of Service provider's obligations under this Agreement; (ii) necessary communication; (iii) protection of Service provider's rights and interests (in case of a claim or a debt collection); (iv) statistical analysis. Legal basis for processing personal data is respectively, (i) necessity to perform this Agreement and mandatory statutory requirements related to tax refund; (ii) legitimate interest – to provide good customer service; (iii) legitimate interest and (iv) legitimate interest - to improve our business.

4.2. The Client acknowledges that the Service provider is located in the USA, thus personal data shall be transferred from Client's country of residence to USA. For clarity, as the Service provider is located in USA, the data transfers of the Client are necessary for the conclusion and performance of this Agreement. The Service provider guarantees that it has signed agreements regarding safe and lawful processing of personal data with its EU partners and when necessary shall use legitimate safeguards and derogations where it is allowed by the applicable law.

4.3. The Client acknowledges that Service Provider shall engage third parties, data processors, for the purposes of proper performance of this Agreement. The list of currently used data processors can be found at https://rttax.com/privacy-policy/ Privacy Policy.

4.4. Depending on a situation, the Client, as a data subject, shall have all or some of following rights: the right at any time to request the Service provider an access to the processed personal data, request for rectification or erasure of them, request for data portability or restriction of the processing of personal data, a right to object to the processing of personal data, the right to lodge a complaint with a supervisory authority.

4.5. The data related to the providing of tax refunding services is necessary. Therefore, if the Client does not submit the personal data specified in the online forms, performance of the Agreement shall become impossible.

4.6. The data shall be stored during the term of the agreement and 10 years after the termination of the Agreement (subject to the limitation period).

4.7. For a comprehensive information on how Service provider processes personal data, please refer to https://rttax.com/privacy-policy/ Privacy Policy or can be provided in writing at your request.

5. Liability

5.1. In the case the Client terminates the Agreement due to any reason other than failure by the Service Provider to perform its obligations after the filing for the tax refund and (or) in the case established in Art. 2.2.4 hereof, the Client shall cover all expenses of the Service Provider incurred due to the provision of Services until termination of the Agreement, but not less than 50 % of the Service Fee under this Agreement.

5.2. 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.

6. Validity of the Agreement

6.1. The Agreement shall come into force the moment the Service provider receives the Agreement signed by the Client 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, except in the cases established by law.

7. Miscellaneous

7.1. The T&C (https://rttax.com/terms-and-conditions/) constitutes an integral part of this Agreement. By signing this Agreement, the Client confirms and guarantees to the Service provider, that the Client has carefully read these terms and conditions before accepting them and signing this Agreement.

7.2. This Agreement, all information, documents and correspondence related thereof shall be considered as strictly confidential, and shall not be disclosed to any third persons, except (i) as required by the applicable laws; (ii) the information became publicly available through no fault of or failure to act by the Party; and (iii) the disclosure of respective information is reasonably necessary for the fulfilment of the Party's obligations.

7.3. Service Provider has the right to assign its rights and obligations provided for in the Agreement to any third persons without a prior written consent of the other Party.

7.4. 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. This Agreement will be governed by and construed under the laws of the State of Illinois, United States of America. 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 courts of the State of Illinois, United States of America. 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**__________________________(signature)

8. U.S. Treasury Reg. Section 301.7216-3 and Rev. Proc. 2013-14

8.1. As per U.S. Treasury Reg. Section 301.7216-3 and Rev. Proc. 2013-14, the Client is requested to consent that Service Provider can share and store Client's data, including SSN and employment and tax data and to consent that tax return information might be disclosed to a tax return preparer located outside the United States, including personally identifiable information such as your Social Security Number ("SSN").

I hereby consent for my personal data to be processed as provided in clause 8.1 above. **X**__________________________ (signature)