

Instrukcije za popunjavanje:



Molimo Vas popunite i priložite sledeća dokumenta:

- » Popunjen formular za povraćaj USA poreza i identifikacionu formu
- » Potpisan 2848 formular (*Power of Attorney Form*) – dve strane:
 - Potrebna samo strana 2: potpišite i stavite datum pored znakova X (page 2, line 7)*
- » Kopiju prve strane pasoša
- » Kopiju socijalnog broja (*SSN card*)
- » W-2 obrazac ili poslednji *pay check* (ukoliko ste imali više od jednog poslodavca, potrebno je priložiti W-2 obrasce ili poslednje *pay check*-ove sa svih radnih mesta)

#2.3 - [α± , a212 μ2 [αμS±-]

IRS zahteva da sva dokumenta budu skenirana na sledeći način:

- » Podesite skener na crno-belo skeniranje i rezoluciju na 300 dpi (tačaka po inču)
 - » Snimite fajl u PDF ili JPEG formatu
 - » Veličina fajla ne bi trebala da bude veća od 2MB
-

Kompletiranu dokumentaciju možete dostaviti **putem email-a, običnom poštom ili lično**. Ukoliko imate pitanja slobodno nas kontaktirajte.

Vaš **Easy Tax Store** tim

Formular za povraćaj USA poreza

Ime: _____ Prezime: _____

Datum rođenja: _____ SSN: _____ - _____ - _____

Ulica i broj: _____ Broj stana: _____

Grad: _____ Poštanski broj: _____

Država: _____ Tel: _____

Email: _____ Datum popunjavanja: _____

W&T agencija preko koje ste išli u USA: _____

Tip vize na kojoj ste boravili u USA: _____ Datum ulaska u USA: _____

Datum izlaska iz USA: _____

Da li ste ikada ranije vršili povraćaj USA poreza: DA NE

Ukoliko DA navedite poslednje fajlovanu poresku godinu: _____

Povraćaj novca želite: 1. Čekom na kućnu adresu: 2. Na račun u **USA banci**: ?

Routing #: _____ Account #: _____

Naziv banke: _____

Koliko poslodavaca ste imali u USA: 1 2 3 _____ (ukoliko ste imali više od jednog posl. info napišite u napomeni)

Naziv kompanije za koju ste radili: _____

Adresa: _____

Napomena:



Identifikaciona forma

Očevo ime: _____ Očevo prezime: _____

Majčino ime: _____ Majčino prezime: _____

Majčino devoj ačko prezime: _____

Grad i Država rođenja: _____

Naziv banke u kojoj ste imali/imate otvoren račun u USA:

Ukoliko ste posedovali ili posedujete auto u USA napišite model i godište auta:

Napomena: ukoliko posedujete Američki ID ili driver licence molimo vas priložite isti.

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

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

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 Petar Radocaj 5A80 Whispering Wind Dr Apple River, IL 61001 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. <u>0312-50074R</u> PTIN <u>P01086627</u> Telephone No. <u>773/2340084</u> Fax No. <u>844/8217449</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ 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)
Income	1040 Series	2024, 2023, 2022, 2021

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.**

Other acts authorized: receive my refund check.

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
c	IRS	00098142-EA		