

Formular za povraćaj USA poreza

Ime: Petar Prezime: PetrovićDatum rođenja: 5 Jul 2002 SSN: 123 - 45 - 6789Ulica i broj: Maksima Gorkog 3 Broj stana: 4Grad: Novi Sad Poštanski broj: 21000Država: Srbija Tel: +381649368383Email: easytaxstore@gmail.com Datum popunjavanja: 26 Jan 2024W&T agencija preko koje ste išli u USA: Work and Travel agencijaTip vize na kojoj ste boravili u USA: j1 Datum ulaska u USA: 4 Jun 2023Datum izlaska iz USA: 29 Sep 2023Da li ste ikada ranije vršili povraćaj USA poreza: DA NE Ukoliko DA označite poslednje fajlovanu godinu: 2019 2021
2020 2022 Adjusted gross income: \$ 15.123Povraćaj novca želite: 1. Čekom na kućnu adresu: 2. Na račun u USA banci: Routing #: 123456789 Account #: 2114323332145Naziv banke: Bank of AmericaKoliko poslodavaca ste imali u USA: 1 2 3 2 (ukoliko ste imali više od jednog posl. info napišite u napomeni)Naziv kompanije za koju ste radili: McDonaldsAdresa: 1. Main St, Chicago, IL 61417

Napomena:

Drugi poslodavac:

Lakeview Restaurant
23 Ontario Drive, Chicago, IL 61217

Identifikaciona forma

Očevo ime: Marko Očevo prezime: Petrović

Majčino ime: Marija Majčino prezime: Petrović

Majčino devoj ačko prezime: Nikolić

Grad i Država rođenja: Novi Sad, Srbija

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

Wells Fargo

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

n/a

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

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.

X P. Petrovic _____ X 01/16/2022 _____
 Signature Date Title (if applicable)

X Petar Petrovic _____
 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		