

APPLICATION FORM

PERSONAL INFORMATION

Full name		Date of Birth <u>mm / dd / yyyy</u>
Occupation		SSN/ITIN <u> </u> - <u> </u> - <u> </u>
Telephone	Mobile	Email
Address		
Filing Status Preferences: Single <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Married Filing Joint* <input type="checkbox"/> Widow(er) <input type="checkbox"/>		

**If you decide to file a joint return with your spouse, combined world-wide income should be disclosed*

SPOUSE INFORMATION

Full name	Date of Birth <u>mm / dd / yyyy</u>
Occupation	SSN/ITIN <u> </u> - <u> </u> - <u> </u>

CHILD AND DEPENDENT'S INFORMATION*

Full name:	SSN/ITIN	Date of Birth:	Full time student?	Relationship to you	Number of months lived with you during the tax year
	<u> </u> - <u> </u> - <u> </u>	<u>mm dd / yyyy</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<u> </u> - <u> </u> - <u> </u>	<u>mm dd / yyyy</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<u> </u> - <u> </u> - <u> </u>	<u>mm dd / yyyy</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<u> </u> - <u> </u> - <u> </u>	<u>mm dd / yyyy</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

** If more than 4 dependents provide additional information on a separate sheet.*

ADDITIONAL PERSONAL AND FILING INFORMATION

Can you be claimed as a dependent on another person's tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a full-time student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you blind or disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you file federal and state tax returns before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, send us copy of the last tax returns filed.	
Tax year you want your tax return prepared for: _____	
Have you filed form 2555 or 2555-EZ in any prior year? Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/>	Date you left the USA <u>mm / dd / yyyy</u>
Type of visa under which you entered the foreign country: _____	

US SOURCE INCOME AND DEDUCTIONS

US SOURCE INCOME AND EXPENSES INFORMATION

Did you earn income from employment? Yes No *If yes, send us photocopies of your W-2 forms, showing your employment income*

Did you earn self-employment income? Yes No *If yes, send us 1099-MISC forms, showing your self-employment income.*

Did you have income from investments, capital or property gains? Yes No
If yes, send us 1099-INT, 1099-DIV, 1099-B forms or similar statements showing your income.

Did you receive retirement income and Governmental payments? Yes No
If yes, send us 1099-R, 1099-G or similar statements showing your income.

Other US Source Income (including prizes, awards, etc.)? Yes No *If yes, give type and amounts and provide statements if available.*

ADDITIONAL INCOME INFORMATION FROM ALL SOURCES

Did you receive alimony during the tax year? Amount: _____ Currency: _____

Do you have any rental income from property you owned? Amount: _____ Currency: _____

Did you receive a scholarship or fellowship grants? Amount: _____ Currency: _____

Did you receive income from partnerships, trusts or estates?
If yes, send us 1099-R, 1099-G or similar statements showing your income. Amount: _____ Currency: _____

Other Income (including prizes, awards, etc.)? Amount: _____ Currency: _____

If yes, give amount: \$ _____ and provide documentation showing the type and amount of the income received

INCOME DEDUCTIONS AND MODIFICATIONS

Did you pay alimony? Yes No Currency: _____
If yes, please provide the amount and enter the recipient's SSN here _____-____-____ Amount: _____ Currency: _____

Did you move during the tax year to a new home because of your job/business? Yes No
 If yes, please confirm: Moved from: _____ To: _____
 How long do you intend to stay at your new home: _____
 Amount paid for travel and lodging: Amount: _____ Currency: _____ Year: _____
 Amount paid for transportation and storage of household goods: Amount: _____ Currency: _____ Year: _____

Did you incur any child care expenses? Yes No *If yes, state the amount here* _____ Currency: _____
 Name of Care Provider _____
 Address and Phone _____
 ID number (SSN or EIN if known) _____

Did you give cash or non-cash gifts to charities? Amount: _____ Currency: _____

Do you have unreimbursed medical expenses? Amount: _____ Currency: _____

Provide all entry and exit dates to and from the USA:

USA entry date	USA exit date	Destination and purpose of visit:
___/___/___	___/___/___	_____
___/___/___	___/___/___	_____
___/___/___	___/___/___	_____
___/___/___	___/___/___	_____

FOREIGN INCOME AND DEDUCTIONS

FOREIGN SOURCE INCOME AND EXPENSES INFORMATION:

Do you have foreign Self-Employment Income? Yes No

Provide your foreign employer's full name and address (if you are employed in a foreign country).
If more than 1 employer, attach additional statement.

Employer Name _____

Employer Address _____ City _____

Your employer is: a foreign entity a foreign affiliate of a US company a US Company

List any contractual terms or other conditions relating to the length of your employment abroad: _____

Do you have statements to support foreign income and foreign taxes paid? Yes No

If you have such statements, please send a copy of your payment summary up to December 31st or to the date you stopped working (whichever applies).

Do you have a foreign interest bearing bank account? Yes No

If yes, provide us with a statement showing your accrued interest by December 31st

Did you receive foreign pension or social security payments? Yes No

If yes, provide us with statements showing your pension income by December 31st

Did you receive any other foreign income not expressly mentioned? Yes No

If yes, describe income received and taxes paid here:

What was your housing arrangement while outside the USA?

Rented Accommodation Yes No If yes give the amount of rent paid per month: _____ Currency: _____

Own Accommodation Yes No Did you pay home mortgage interest during the year: Amount: _____ Currency: _____

Employer provided accommodation Yes No

Other: Give explanation here

I (We, if filing jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I hereby relieve Taxback Inc, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and I (we) guarantee payment of the preparation fee and any related charges in accordance to the Taxback Inc, Terms and Conditions.

Print Name

Primary Taxpayer's Signature 

Date / /

Print Name

Spouse's Signature

Date / /

TAX YEAR: _____

1. Was the combined value of ALL your foreign bank accounts in excess of USD10,000.00 or foreign equivalent currency at any time during the tax year? Yes No

If yes, please answer question 1.1

1.1 Do you have a financial interest in 25 or more financial accounts? Yes No

If no, please answer question 1.2. If yes, skip question 1.2 and enter the total number of accounts _____

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS

1.2 Type

Separately owned Jointly owned Signature authority only

Maximum value of account during calendar year reported:

Value: _____

Currency: _____

Type of account: Bank Securities Other _____

Address: _____

Account number: _____

Full name of joint owner: _____

Joint owner identification number (if known): _____

Address of joint owner (if known): _____

If you have more than 1 account please attach new spreadsheet.

OUR FEE STRUCTURE IS AS FOLLOWS:

Basic Expat returns	USD
US Federal return that includes the basic forms required for Expat returns that do not require a foreign tax credit computation (i.e. foreign earned income does not exceed the amount of allowable foreign income exclusion for 2018- \$103,900)	\$500
Complex Expat returns	
US Federal return that covers the basic Federal forms required for Expat returns but requires additional computations like the foreign tax credit computation (i.e. foreign earned income exceeds the amount of allowable foreign income exclusion for 2018- \$103,900)	\$650
Additional Schedules	
Add Schedule A - Itemizing deductions for charitable contributions, casualty and theft losses, medical expenses , etc.	\$50
Add Schedule B - interest and dividends from more than four different sources. There is no charge if the interest and dividend income comes from four or fewer sources.	\$50
Schedule C - small business	\$150 each
Schedule D - capital gains - (with up to four sales transactions; \$5 per additional transaction)	\$100
Schedule E - partnership K-1	\$150
Schedule E - a rental property US	\$100
Other federal forms	
Amended return Form 1040X	\$450
FBAR and/or Form 8938 (with up to four different bank accounts. \$25 per additional account)	\$50 each
International information reporting forms 5471, 8865, 8858, 3520, 926 etc.	\$500 each
Initial and Annual Expatriation Statement Form 8854	\$450
State / city returns	\$100 each
Complex State / city returns	\$200 each
Multiple years discount – 20% , available where returns for 2 or more tax years are required. This discount is applicable to the annual fees excluding any once off fees and administrative fee and does not apply where other discounts/reductions have been granted.	

Please note that fees are based on the complexity of your tax situation so if you have any additional requirements or need to avail of our advisory service, there may be an additional fee. A full quote will be given at the outset.