



IRELAND TAX REFUND PACK INSTRUCTIONS

Thank you for choosing “AmberTax” for Ireland Tax Refund service. “AmberTax” offers professional assistance and fast services. Our team will make all efforts to get you the highest possible refunds in compliance with Ireland Tax law!

Please simply follow 5 STEPS to start your Tax Refund process:

1 STEP: PRINT the pack and complete it

2 STEP: SIGN and put the date at places marked with “X”

3 STEP: ADD necessary documents:

- Copy of passport
- Original(s) of P45/P60 form(s) and/or final pay slip(s) from each of your employer(s)

4 STEP: SEND it by post to us:

**AmberTax
PO Box 311, Kaunas
LT-44005, Lithuania**

5 STEP: WAIT until Tax Refund money will be paid out to you!

NOTES

SERVICE FEES:

- Pay nothing upfront
- FEE for Tax Refund service is stated in the contract
- Replacement fee for each missing P45/P60 form is 17 EUR

TAX REFUND PROCESS TIME:

You can expect your Tax Refund approximately after 3-4 month from the date when your declaration is filled and sent out to Ireland. Tax Refund process for 2017 tax year will be started at January, 2018. For 2013-2016 tax year process can be started once docs are received from YOU!

NEED HELP?

Call +370 37 206041 OR write info@ambertax.com

www.ambertax.com

**IRELAND TAX REFUND APPLICATION FORM****PERSONAL DETAILS** *(Please complete in CAP letters)*

First, middle and last name: _____

Current address: _____

Phone number: _____

Email address: _____

How did you find out about AmberTax? (website/press/friend/other) _____

OTHER DETAILS

Your Ireland PPS number: _____

Tax year for which you request us to process Tax Return:

 2017 2014 2016 2013 2015

Have you already tried to get tax refund for that year?

 No Yes (by myself) Yes (in another agency)

I want that my USC taxes would be tried to refund:

 Yes No

Arrival in Ireland date ___m/___d/20___

Leaving Ireland date ___m/___d/20___

Have you been in Ireland before? (If "Yes", please provide period)

Have you applied for tax refund before? (if "Yes", please provide tax period and agency)

Have you been outside Ireland during the period mentioned above? (If "Yes" specify the period") _____

EMPLOYMENT DETAILS *(Please indicate ALL YOUR EMPLOYERS IN IRELAND)*

Number of employers: _____ If you had more than 2 employers, please provide information on separate page!

Worked from: ___/___/20___ (mm/dd/yyyy)	Worked till: ___/___/20___ (mm/dd/yyyy)	Name and address of your employer:	Enclosed is: <input type="radio"/> P45/P60 <input type="radio"/> Last pay slip <input type="radio"/> None of them
Worked from: ___/___/20___ (mm/dd/yyyy)	Worked till: ___/___/20___ (mm/dd/yyyy)	Name and address of your employer:	Enclosed is: <input type="radio"/> P45/P60 <input type="radio"/> Last pay slip <input type="radio"/> None of them

I hereby agree that AmberTax Ltd. may collect and process personal data for the purpose of my tax affairs. I confirm that all provided information is correct.

DATE: ___m/___d/20___

SIGNATURE: _____

Simpleta LTD., doing business as AmberTax, company identification number 136041128, represented by director Rimas Petkevicius, acting under company regulations, hereinafter referred to as AMBERTAX, and personal identification number, hereinafter referred to as the CLIENT, are hereby concluding this contract:

1. Subject of the Contract:

- 1.1. The purpose of this Contract is to provide paid consultations and tax return services for the CLIENT, who worked in Ireland (hereinafter referred to as the TAX REFUND).
2. Rights and obligations of the Contracting Parties:
2.1. CLIENT'S rights and obligations:
2.1.1. CLIENT agrees to provide all documents that are mentioned in "Ireland Tax Refund Application Form" and sign all the documents that are necessary for obtaining TAX REFUND, including Power of Attorney for tax, banking and financial matters.
2.1.2. CLIENT ensures that all information provided to AMBERTAX is correct and full to the best of his/her knowledge.
2.1.3. CLIENT agrees to provide additional information and/or documents necessary for TAX REFUND upon AMBERTAX request.
2.1.4. CLIENT will not apply directly (or using third party services) with Tax Authorities of country mentioned in paragraph 1.1. of this contract for TAX REFUND of the tax years mentioned in Ireland Tax Refund Application.
2.1.5. CLIENT agrees to have AMBERTAX as exclusive provider of his/her TAX REFUND services for tax years mentioned in the Ireland Tax Refund Application Form.
2.1.6. CLIENT grants AMBERTAX the right to receive the whole amount entered on the TAX REFUND check issued in CLIENT'S name, also to present all TAX REFUND checks issued in CLIENT'S name to the bank and endorse (negotiate) them, or/and to receive TAX REFUNDS to AMBERTAX bank account.
2.1.7. CLIENT agrees to pay TAX REFUND consulting fee, which is 10% of the amount refunded, but not less than 50 EUR for PAYE TAX REFUND for each tax year.
2.1.8. CLIENT ensures that personal bank information and address to which he/she requests to receive TAX REFUND is correct.
2.1.9. CLIENT has the right to withdraw from this contract within 7 days from the date when CLIENT has signed this contract.
2.1.10. CLIENT commits to update AMBERTAX of any change in his/her contact details and personal bank account in 5 days from the date such changes occurs.

2.2. AMBERTAX rights and obligations:

- 2.2.1. AMBERTAX agrees to process CLIENT'S tax returns to Tax Authorities of country mentioned in paragraph 1.1 of this contract in a timely manner and in compliance with the tax law of that country.
2.2.2. AMBERTAX agrees to use all personal information and documents provided by CLIENT only for preparation, signing and filling of tax returns, to receive and endorse (negotiate) all TAX REFUND checks issued in CLIENT'S name or/and to receive TAX REFUNDS to it's own bank account.
2.2.3. AMBERTAX assumes obligation not to disclose any personal and tax return information in any manner to any third parties without CLIENT'S written consent, except, cases when law requires disclosure of such information.
2.2.4. AMBERTAX obligates to pay out TAX REFUND to the CLIENT only after CLIENT'S TAX REFUND has been received.
2.2.5. AMBERTAX obligates to pay out TAX REFUND according to the option chosen by CLIENT in the "Tax Refund Options" form, except the following cases:
2.2.6. AMBERTAX consulting fees mentioned in paragraph 2.1.7. will increase:
2.2.7. All transfers made in euros (EUR) into banks located in EU and EEA countries are free of charge.
2.2.8. Ambertax will pay out TAX REFUND if after all AMBERTAX service fees and other expenses TAX REFUND will be 5 USD or more.
2.2.9. AMBERTAX shall not be responsible for any additional charges imposed by bank correspondent and/or beneficiary's bank.
2.2.10. If paragraph 2.1.2., 2.1.4 and 2.1.5.. of this contract are not fulfilled, AMBERTAX has the right to impose additional fee of 70 USD per tax year.
2.2.11. If CLIENT already tried to refund taxes on it's own and wants AMBERTAX to continue TAX REFUND procedure and/or follow-up TAX REFUND situation and/or receive information about the process, it will be considered as separate income tax return and fees mentioned in paragraph 2.1.7. and 2.2.6. of this contract will apply and the minimum TAX REFUND service fee will have to be paid in advance.
2.2.12. AMBERTAX may reduce service fees, depending on the discounts granted to CLIENT.
2.2.13. AMBERTAX shall not be held responsible of any tax adjustments made by Tax Authorities of country mentioned in paragraph 1.1. of this contract.
2.2.14. If CLIENT requests to receive his/her TAX REFUND in other than original currency of TAX REFUND, AMBERTAX will pay out TAX REFUND in requested currency based on non-cash currency exchange rates published on the date of payment by bank from which transfer is being made.
2.2.15. AMBERTAX shall not be held responsible for the failure to refund taxes, or 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 Tax Authorities of country mentioned in paragraph 1.1 of this contract.
2.2.16. AMBERTAX shall not be held responsible for any delays by Tax Authorities of country mentioned in paragraph 1.1 of this contract.
2.2.17. Upon CLIENT request, AMBERTAX agrees to calculate approximate TAX REFUND amount from the country mentioned in 1.1. paragraph as well as the approximate TAX REFUND service fee.

3. Remuneration Conditions

- 3.1. All fees mentioned in this contract will be deducted from CLIENT'S TAX REFUND except cases mentioned in paragraphs 2.2.5., 3.2., 3.3. and 3.4. of this contract.
3.2. If CLIENT receives TAX REFUND check(-s) directly from Tax Authorities, he/she has to pay AMBERTAX for provided (according to this contract) services within 10 days form the date when Invoice is issued by AMBERTAX.
3.3. If CLIENT is requesting his/her tax return to be filed with Tax Authorities of country mentioned in paragraph 1.1 of this contract, but is not entitled for TAX REFUND, AMBERTAX must receive CLIENT'S payment in the form of bank check or bank transfer of 50 EUR for tax return before CLIENT'S documents are filed to Tax Authorities.
3.4. If CLIENT'S total TAX REFUND received form Tax Authorities of country mentioned in paragraph 1.1. of this contract is less than the minimum TAX REFUND fee, AMBERTAX will not require that CLIENT remit AMBERTAX with the difference.

4. Final Provisions

- 4.1. A party is excused of responsibility for non-performance, if the non-performance was due to an impediment (war, natural disaster, fire and etc.), which could not be foreseen and were beyond its control at the time of the conclusion of the contract.
4.2. This contract is governed by Lithuanian law.
4.3. All disputes and differences that may arise in connection with this contract shall be settled by means of friendly negotiations between the parties.
4.4. This contract is made out in two copies of which each party shall retain one.
4.5. The contract is valid when signed by both contracting parties and received by fax, post, e-mail or in any other way.

Both contracting parties have read this contract, acknowledge that it has complete and full recognition of the terms and conditions, understand them, undertake to comply with them, agree with its contents and affix their signatures below as proof of its correctness and of the fact that this contract corresponds to their true will.

CLIENT:

Signature:.....
Full name:
Personal identification number:
Country, in which the contract was signed

AMBERTAX:

Simpleta LTD., dba AmberTax
Kestucio 57-8, LT-44303 Kaunas, Lithuania
Company identification number: 136041128
VAT number: LT360411219
Director: Rimas Petkevicius





T: (+370) 37 206041
F: (+370) 37 206045
www.ambertax.com
info@ambertax.com
P.O. Box 311, LT-44005, Kaunas, Lithuania

POWER OF ATTORNEY

Full name:

UK NI# Ireland PPS Number #:

Date of birth:

Address:

.....

.....

I, the undersigned (hereinafter referred to as the "Mandator"), hereby grant a full authority to SIMPLETA LTD., DBA AMBERTAX, with its registration address at Kestucio St. 57-8, LT-44303 Kaunas, LITHUANIA, to act as my agent (attorney-in-fact) in dealing with my UK/Ireland Personal Income Tax Return for the tax year and perform the following acts on the basis of this Power of Attorney:

1. To request from the employer and to receive Mandator's form(-s) P45/P60/CIS25 to the following address:

SIMPLETA LTD.
DBA AMBERTAX
P.O. BOX 311
LT-44005 KAUNAS
LITHUANIA

2. To received Personal Income Tax refund checks issued in Mandator's name.
3. To deposit Personal Income Tax refunds to its own account and convey such refunds to the Mandator by the way of a wire transfer, check or to handle it in another manner to achieve the same purpose.

This Power of Attorney is effective immediately and will continue until it is revoked.

DATE (dd/mm/yyyy): ____d/____m/20____

SIGNATURE: **X** _____



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P.O. Box 311, LT-44005, Kaunas, Lithuania

TAX REFUND OPTIONS

Before filling this part please contact your bank and find out how **to make international transfer to your personal account** if payment is coming from Lithuania in certain currency!

NOTE: Each international transfer fee is \$25, only transfer in EUR are made for free to clients from EU and EEA. If tax refund amount is less than \$40, AmberTax keeps the right to issue a tax refund check.

AmberTax additionally will charge one-time Financial Administration fee of \$15. This fee covers expenses related with cashing checks which are received from Tax Authorities and it's administration.

Choose transfer currency (please mark)

USD

EUR

GBP

CAD

YOUR FULL NAME:

(Exactly as it appears on your bank account!!)

FULL BANK NAME:

**BANK CITY AND
COUNTRY:**

BANK S.W.I.F.T.

YOUR BANK ACCOUNT NUMBER

Debit/credit card number is NOT your bank account number! DO NOT write your card number here!

If your bank requires any other additional information for correct transfer to your personal bank account, please provide this information here: _____

I hereby certify that the information in this form is correct and I commit to update AmberTax of any change in my contact details and personal bank account in 5 days from the date such changes occurs. I understand that in some cases Tax Refund is issued by check in my name and I agree to receive it no matter which payment option was chosen in this form. If Tax Refund will be sent by Tax Authorities to me by check or transfer - I am obligated to pay AmberTax for the provided services according to the signed contract.

DATE (mm/dd/yyyy): ____ m/ ____ d/20 ____

SIGNATURE: _____



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DECLARATION TO THE COLLECTOR GENERAL

I,,
(PPS:), grant full authority to **Simpleta Ltd.** to act as my agent in dealing with all aspects of my PAYE/USC refund application.

Furthermore, I hereby authorize you make a check payable to Simpleta Ltd. and send all the relevant correspondence and refund check to

SIMPLETA Ltd.
o/a AmberTax
P.O. Box 311
LT-44005 Kaunas
Lithuania

until revoked by me in writing.

DATE (dd/mm/yyyy): ____d/____m/20____

SIGNATURE: _____



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DECLARATION TO THE REVENUE COMMISSIONER

I,

.....

(PPS:), grant full authority to **Simpleta Ltd.** to act as my agent in dealing with all aspects of my PAYE/USC refund application.

Furthermore, I hereby authorize you make a check payable to Simpleta Ltd. and send all the relevant correspondence and refund check to

SIMPLETA Ltd.
o/a AmberTax
P.O. Box 311
LT-44005 Kaunas
Lithuania

until revoked by me in writing.

DATE (dd/mm/yyyy): ____d/____m/20____

SIGNATURE: _____

Please read the INFORMATION NOTES overleaf BEFORE completing this form. **N.B. Form P45 Parts 2 & 3 MUST accompany this claim.**

Name and Address (include Eircode)

PPS Number

Employer Number

Date of Cessation of Employment

Refer to your Form P45 for answers to above

ALL SECTIONS AND THE DECLARATION MUST BE COMPLETED**Details of income received by you since the date you became unemployed** Insert in appropriate box(es) below Jobseeker's Benefit Other Income received from the Department of Social Protection Illness Benefit State payment type

In the case of the above, state the date this income started

Number of children included in your claim

Gross weekly amount

 Jobseeker's Assistance (this is not a taxable source of income) Other Income not subject to PAYE

Gross amount received to date

State the source of this income

Do you intend to resume employment in Ireland before 31 December next? Y/N

If the answer is "No", state reason

If resuming education, state name of school/college

Are you making this claim on the basis that you are going abroad? Y/N

If the answer is "Yes" state:

(a) country of destination

(b) intended departure date

(c) duration of stay abroad

Do you intend to take up employment abroad? Y/N

Address abroad for correspondence

Refunds

If you wish to have any refund paid directly to your bank account, please provide your bank account details.

(Note: It is quicker to receive payments electronically than by cheque.)**Single Euro Payments Area (SEPA)**Account numbers and sort codes have been replaced by International Bank Account Numbers (IBAN) and Bank Identifier Codes (BIC). These numbers are generally available on your bank account statements. Further information on SEPA can be found on www.revenue.ie.

It is not possible to make a refund directly to a foreign bank account that is not a member of SEPA.

International Bank Account Number (IBAN) (Maximum 34 characters)**Bank Identifier Code (BIC)** (Maximum 11 characters)**Note: Any subsequent Revenue refunds will be made to this bank account unless otherwise notified.****I declare that I am unemployed and that all particulars given in this form are stated correctly**

Signature

Date:

Telephone or E-mail:

A person who knowingly makes a false statement for the purpose of obtaining repayment of income tax is liable to heavy penalties.

I understand that any refund made by the Revenue Commissioners to my agent, _____(insert name of tax agency), on my behalf is refunded in a similar manner as if same were being refunded directly to me and that once the refund is transferred into the bank account nominated by me I have no further call upon the Revenue Commissioners in respect of same. I understand that _____ (insert name of tax agency) is acting as my agent and is solely responsible to me in respect of any refund received by them on my behalf. I further understand that my agent _____(insert name of tax agency) is an independent entity and that the Revenue Commissioners make no endorsement of my agent or any such agency and cannot accept any responsibility whatsoever for problems encountered by me in dealing with them.

I understand and agree that _____ (insert name of tax agency) will input its own bank account details on the Revenue record for the duration of this mandate and will remove these details on the cessation of the mandate.

I confirm that I am aware of, and agree to, the payment of the fees charged by _____ (insert name of tax agency) in respect of the services carried out on my behalf and that this fee will be deducted from any amount refunded by Revenue and that the balance of this amount will be paid to me.

3. Terms and Conditions of Authorisation

I understand that Tax law provides for both civil penalties and criminal sanctions for the failure to make a return, the making of a false return, facilitating the making of a false return, or claiming tax credits, allowances or reliefs which are not due.

I confirm that I will provide the necessary documentation to _____ (insert name of tax agency) to support any refund, credit claims or claims for allowances and reliefs made to Revenue on my behalf by _____ (insert name of tax agency).

I confirm that I will provide details of all my sources of income to _____ (insert name of tax agency).

I understand that _____ (insert name of tax agency) is required to retain a copy of all documentation relating to any refund or credit or allowance or relief claimed by the agent on my behalf and that the agent will be required to produce same to Revenue upon request.

Signed **X** _____ (Client)

Date / /

Signed _____ (Agent)

Date / /