



USA TAX REFUND PACK INSTRUCTIONS

Thank you for choosing “AmberTax” for US 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 US Tax law!

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

1 STEP: PRINT the pack and complete it

2 STEP: SIGN at places marked with “X”

3 STEP: SCAN (with CamScan app, etc.) or MAKE PHOTO of this completed pack along with necessary documents:

- Copy of Social Security card
- Copy of your passport
- Copy of US entry visa
- Copy of forms DS-2019 and I-94 (if available)
- Copy of W-2 form(s) or final pay slip(s) from **each** of your employers

4 STEP: SEND it by e-mail info@ambertax.com OR by post:

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 FEDERAL and STATE tax refund is stated in the contract
- Replacement fee for each missing W-form is \$25

TAX REFUND PROCESS TIME:

You can expect your FEDERAL and STATE Tax Refund approximately after 3-4 month from the date when your declaration is filled and sent out to USA. Tax Refund process for 2017 tax year will be started at February, 2018. For 2014-2016 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



USA 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)* _____

VISA DETAILS

USA Social Security number (SSN): _____ - _____ - _____

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

- 2017
- 2015
- 2016
- 2014 *(till 2018 04 15)*

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

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

Program type:

- W&T
- H2B
- Trainee/Internship
- Other

Visa type:

- J1
- H2B
- GREEN CARD
- Other

Arrival in the USA date ____m/____d/20____ AND Leaving from the USA date ____m/____d/20____

Have you been in USA before?
(if "Yes", please provide visa type and period)

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

Former address in USA: _____

EMPLOYMENT DETAILS *(Please indicate ALL YOUR USA EMPLOYERS)*

Number of employers: _____

Indicate state (s) you worked in: _____

Worked from	To	Name and address of your employer:	Enclosed is:
____/____/20____ <i>(mm/dd/yyyy)</i>	____/____/20____ <i>(mm/dd/yyyy)</i>		<input type="radio"/> W - 2 <input type="radio"/> Last payslip <input type="radio"/> None of it
____/____/20____ <i>(mm/dd/yyyy)</i>	____/____/20____ <i>(mm/dd/yyyy)</i>		<input type="radio"/> W - 2 <input type="radio"/> Last payslip <input type="radio"/> None of it

If you had more than 2 employers, please provide information on separate page!

NOTES:

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 *(mm/dd/yyyy)*: ____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 or passport 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 the United States of America (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 USA 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 the USA Tax Refund Application Form.
2.1.5. CLIENT agrees to have AMBERTAX as exclusive provider of his/her TAX REFUND services for tax years mentioned in the USA 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 for federal and state tax refund for each tax year which is equal to 10% from the tax refund, but not less than 96 USD.
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 filing 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 paragraphs 2.1.2., 2.1.4., 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. The exact TAX REFUND amount and AMBERTAX service fee will be known only after TAX REFUND will be paid out to AMBERTAX by Tax Authorities.

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 directly from Tax Authorities, he/she has to pay AMBERTAX for provided (according to this contract) services within 10 days from 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 96 USD for tax return before CLIENT'S documents are filed to Tax Authorities.
3.4. If CLIENT'S total TAX REFUND received from 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. If this contract or legal regulations does not provide otherwise, the law of Republic of Lithuania guides the rights and obligations of the contracting parties.
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





POWER OF ATTORNEY

Full name:

Social Security Number:

Date of birth:

Address:

.....

.....

I, the undersigned (hereinafter referred to as the "Mandator"), hereby grant a full authority to SIMPLETA LTD., dba AMBERTAX, to act as my agent (attorney-in-fact) in dealing with my United States 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) W-2 to the following address:

SIMPLETA LTD.

PO BOX 596070

FORT GRATIOT, MI 48059-6070

2. To deal with Mandator's Social Security and Medicare (FICA) tax refund. To request from the employer and to receive Mandator's refund of Social Security and Medicare (FICA) taxes to the address mentioned in paragraph no. 1.
3. To receive Personal Income Tax refund checks issued in Mandator's name.
4. To deposit Personal Income Tax refunds to its own account and convey such refunds to the Mandator by the way of 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 (mm/dd/yyyy): ____m/____d/20____

SIGNATURE: **X** _____



T: (+370) 37 206041

F: (+370) 37 206045

www.ambertax.com

info@ambertax.com

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

TAX REFUND OPTIONS

I want to receive my Tax Refund by (please mark): **OPTION 1:** I want to get my tax refund by **check to my home address**

OPTION 2: I want to get my tax refund to my **personal bank account**

Important! As Federal and State taxes are issued by separate institutions, there is a time difference in receiving them. You may receive 2 checks or 2 transfers depending on your option marked above. If you would like to receive your federal and state tax refund by one payment (one check or one transfer), please mark additionally:

I want to get my federal and state tax refund **by one payment**

NOTE: Each international transfer fee is \$25 and \$15 will be applied for sending check to your home address. If tax refund amount is less than \$40 and chosen payment option is "Option 2", AmberTax keeps the right to issue a tax refund check to home address.

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

FILL IN IF YOU HAVE CHOSEN CHECK (OPTION 1)

Please **provide your home/ mailing address** and inform us if address has been changed by email info@ambertax.com. If you won't provide your mailing address at this form - we will send Tax Refund check to the address provided on US Tax Refund Application form.

Street, house number, flat or room: _____

Region, village, town or city: _____

ZIPcode and country: _____

FILL IN IF YOU HAVE CHOSEN TRANSFER (OPTION 2)

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!

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.

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

SIGNATURE: _____

Power of Attorney and Declaration of Representative

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date / /

▶ Information about Form 2848 and its instructions is at www.irs.gov/form2848.

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	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Check if to be sent copies of notices and communications <input type="checkbox"/>	
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Check if to be sent copies of notices and communications <input type="checkbox"/>	
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
(Note: IRS sends notices and communications to only two representatives.)	
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
(Note: IRS sends notices and communications to only two representatives.)	

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. 5000A Shared Responsibility Payment, 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)

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 the instructions for **Line 4. Specific Use Not Recorded on CAF**

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):

Authorize disclosure to third parties; Substitute or add representative(s); Sign a return; _____

Other acts authorized: _____

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, 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 _____ **X** _____
 Signature Date Title (if applicable)

X _____
 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—licensed to practice as a certified public accountant is active in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent by the Internal Revenue Service 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 Internal Revenue Service 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 Student Attorney or CPA—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

Tax Information Authorization

► Information about Form 8821 and its instructions is at www.irs.gov/form8821.
 ► Do not sign this form unless all applicable lines have been completed.
 ► Do not 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 <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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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.

(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

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 do not 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 is not 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, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the 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.

► DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

X _____
 Signature Date

X _____
 Print Name Title (if applicable)



T: (+370) 37 206041

F: (+370) 37 206045

www.ambertax.com

info@ambertax.com

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

QUESTIONNAIRE

Your name:

Social Security number:

Tax year for which you request tax refund: 2017 2016 2015 2014

Please fill in the following questionnaire - your answers may determine larger tax refund, note that all questions are related with a tax year you have marked above:

What was the cost of your flight to the US? (USD)

What was the fee of your program to the US? (USD)

What rent expenses did you have while being in the US? (USD)

Where was your regular or principal permanent home located? (country)

Did you return to that home address when you left the US?

Did you pay for any of the following living expenses in your home country, while you have been in the US

(tick):

- housing costs (rent, loan, etc) insurance (medical, home, etc)
- mobile phone? transportation (car, bicycle, etc)

Where was your family located? (country)

Where was your automobile registered/located? (country)

Where was your driver's license issued? (country)

Where were you registered to vote? (country)

Do you have a bank account in your home country?

In what country did you qualify for national health plan sponsored by government?

Did you have a job in your home country before US program?

Did you intend to return to that job when you leave the US?

IMPORTANT! Please keep the documents related with your job expenses for 4 years. If necessary, we will ask you to send those receipts to us.

- Copy of airline ticket/E-ticket OR extract from your bank account that shows the amount paid.
- Copy of receipts of your accommodations OR extracts of your bank account that shows the amount paid (rent contract would be acceptable).
- Copy of receipts and similar evidence that you paid program fee.

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

SIGNATURE: _____