

## Instrukcije za popunjavanje:



Molimo Vas popunite i priložite sledeća dokumenta:

- » Popunjen formular za povraćaj USA poreza
- » 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±-]

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IRS zahteva da sva dokumenta budu skenirana na sledeći način:

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

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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: day / month / year SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Ulica i Br: \_\_\_\_\_ Br stana: \_\_\_\_\_

Grad: \_\_\_\_\_ Poštanski Br: \_\_\_\_\_

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: day month year 

Datum izlaska iz USA: day month year 

Da li ste ikada ranije vršili povraćaj USA poreza: DA  NE  Ukoliko DA objasnite (godina, vreme boravka):

Koliko vas je koštala avionska karta do USA? \$ \_\_\_\_\_

Povraćaj novca želite: 1. Čekom na kućnu adresu:

2. Na račun u **USC banci**: 

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

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: \_\_\_\_\_ Tel: \_\_\_\_\_

Adresa: \_\_\_\_\_

Napomena:

Uz formular potrebno je priložiti kopiju prve strane pasoša, socijalnog broja(SSN) i W2 obrasca.

## 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](http://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  Petar Radocaj 5A80 Whispering Wind Dr Apple River, IL 61001  <b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	CAF No.        0308-13711R PTIN            P01086627 Telephone No. 773/2340084 Fax No.        844/8217449  Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address    <b>Check if to be sent copies of notices and communications</b> <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    ( <b>Note:</b> 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    ( <b>Note:</b> 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 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)
Individual Income Tax	1040 Series	2017, 2016, 2015, 2014
FICA tax	843, 8316	2017, 2016, 2015, 2014

**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; 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 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.**

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 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 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
C	IRS	00098142-EA		



## Ugovor

Potvrđujem sledeće:

1. Da sam potpisao/la neophodnu punomoć kako bih odobrio/la Easy Tax Store da popuni poresku prijavu i da me zastupa pred poreskim vlastima SAD (Poreska uprava i državne poreske vlasti).
2. Ovlašćujem Easy Tax Store da prima svu prepisku od poreskih vlasti SAD u moje ime.
3. Želim da iskoristim ponudu „bez plaćanja naknade unapred“ kada se registrujem za uslugu. Kako bih iskoristio/la ovu opciju, shvatam da ću morati da platim naknadu nakon prijema čekova od poreskih vlasti SAD.
4. Ovlašćujem Easy Tax Store da prima moje čekove za povraćaj poreza od poreskih vlasti.
5. Ukoliko primim povraćaj poreza od bilo kog drugog izvora pored Easy Tax Store, shvatam i saglasan/na sam da ću platiti naknadu Easy Tax Store za izvršeni rad. Usluga povraćaja poreza se naplaćuje posebno za svaku poresku godinu.
6. Shvatam da Poreska uprava i državne poreske vlasti imaju pravo da odlože povraćaj sredstava u bilo kom trenutku dok ne završe sa proverom poreske prijave.
7. Ukoliko budem dugovao porez na prihod za druge poreske godine, a poreske vlasti SAD odbiju ovaj iznos duga iz povrata sredstava za tekuću poresku godinu, shvatam i saglasan/na sam da treba da platim Easy Tax Store naknadu za obradu za svaku poresku godinu za koju je poreska prijava obrađena.
8. Saglasan/na sam da će poreske vlasti SAD doneti konačnu odluku o iznosu svakog povrata poreza. Shvatam da će Easy Tax Store obezbediti najbolju moguću procenu na osnovu važećeg zakona o porezu i u skladu sa dobijenim informacijama, ali prihvatam da se ovde radi samo o proceni a ne garanciji.
9. Shvatam da Poreska uprava i državne poreske vlasti mogu zatražiti W-2 obrasce i da Easy Tax Store nije odgovorna za njihovo pribavljanje.
10. Saglasan/na sam da informacije prikupljene u pisanom i/ili usmenom obliku za potrebe podnošenja američke poreske prijave mogu biti korišćene za potrebe interne revizije od strane Easy Tax Store i poslate poreskim vlastima SAD (Poreskoj upravi i državnim poreskim vlastima) za potrebe spoljne revizije, u skladu sa odgovarajućim zakonima o zaštiti podataka.
11. Potvrđujem da sam pružio/la sve neophodne informacije koje su mi dostupne.
12. Obavezujem se da ću obavestiti Easy Tax Store o bilo kakvoj promeni mojih kontakt podataka.

Potpis: ~~X~~ \_\_\_\_\_

Datum: ~~X~~ \_\_\_\_\_

Ime i prezime: ~~X~~ \_\_\_\_\_