

## Упатство за пополнување:



Ве молиме пополнете ги и приложете ги следните документи:

- » Пополнет формулар за враќање на данокот од САД
- » Потпишан формуларот 2848 (*Power of Attorney Form*)

**Потребна ви е само страна 2:** потпишете и ставете датум кај знаците X (*page 2, line 7*)

- » Копија од првата страна на пасошот
- » Копија од социјалниот број (*SSN card*)
- » Образецот W-2 или последниот *pay check* (доколку сте имале повеќе од еден работодавач, потребно е да ги приложите W-2 обрасците или последните *pay check*-овиите работни места).
- » Потписан договор

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**IRS изискува сите документи да бидат скенирани на следниов начин:**

- » Подесете го скенерот на црно-бело скенирање и резолуцијата на 300 dpi
- » Снимете го фајлот во PDF или во JPEG формат
- » Големината на фајлот не би требала да биде поголема од 2

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Комплетната документација можете да је доставите по пат на email, по пат на обична пошта или лично. Доколку имате прашања слободно контактирајте нас.

Вашиот **Easy Tax Store** тим

# Формулар за враќање на данок од САД

Име: \_\_\_\_\_ Презиме: \_\_\_\_\_

Датум на раѓање: day \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Улица и број: \_\_\_\_\_ Бр. На стан: \_\_\_\_\_

Град: \_\_\_\_\_ Поштенски бр: \_\_\_\_\_

Држава: \_\_\_\_\_ Тел: \_\_\_\_\_

Email: \_\_\_\_\_ Датум на пополнување: \_\_\_\_\_

W&T Агенција преку која сте биле во САД: \_\_\_\_\_

Тип на виза за престој во САД: \_\_\_\_\_ Датум на влез во САД: day month year 

Датум на излез од САД: day month year 

Дали порано сте повраќале данок од САД: ДА  НЕ  Доколку ДА објаснете ( година, време на престојот ): \_\_\_\_\_


Враќањето на парите би сакале да биде:

1. Преку чек на домашна адреса:

2. На сметка во банка во САД:  

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

Име на банката: \_\_\_\_\_

Колку работодавци сте имале во Америка: 1 2 3 \_\_\_\_ (доколку сте имале повеќе од еден напишете ги информациите во напомена) 

Име на компанијата за која сте работеле: \_\_\_\_\_ Тел: \_\_\_\_\_

Адреса: \_\_\_\_\_

Напомена:

## Power of Attorney and Declaration of Representative

OMB No. 1545-0150

**For IRS Use Only**

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date / /

▶ Go to [www.irs.gov/Form2848](http://www.irs.gov/Form2848) for instructions and the latest information.

**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	2019, 2018, 2017, 2016

**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):  Access my IRS records via an Intermediate Service Provider;  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, partnership representative, 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—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 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 Qualifying Student—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		

## Форма за идентификација

Татково име : \_\_\_\_\_ Татково презиме : \_\_\_\_\_

Име на мајката : \_\_\_\_\_ Презиме на мајката: \_\_\_\_\_

Моминско презиме на мајката: \_\_\_\_\_

Град и држава на раѓање: \_\_\_\_\_

Име на банката во која сте имале/имате отворено сметка во САД:

\_\_\_\_\_

Доколку сте поседувале или поседувате автомобил во САД, наведете го моделот и годината на автомобилот:

\_\_\_\_\_

Напомена- доколку поседувате лична карта или возачка во САД, ве молиме приложете ги истите.

