

**E-Point Application for Tax Preparation - Year 2009**

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number(s) home \_\_\_\_\_ mob \_\_\_\_\_

Date of Birth (month/date/year) \_\_\_\_\_

Name, City and Country of School you attended during 2009 \_\_\_\_\_

Date when you came to U.S. in 2009 \_\_\_\_\_ Date you left United States in 2009 \_\_\_\_\_

Have you ever been in the USA? (yes/no) \_\_\_\_\_ If "yes" - Dates you entered and left the United States during the year 2007 \_\_\_\_\_ - \_\_\_\_\_, 2008 \_\_\_\_\_ - \_\_\_\_\_

Did you file a U.S. income tax return for any year before 2009? \_\_\_\_\_ If "Yes," give the latest year 20 \_\_\_\_\_

Cost of your program + flight tickets \$ \_\_\_\_\_ Housing cost during for summer 2008 \$ \_\_\_\_\_

How many jobs (employers) did you have this year in U.S? \_\_\_\_

Please provide name, address, phone number of each employer:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

How you want to receive your tax return money ? (mark X) 1. Deposit in to your U.S bank account \_\_\_\_  
2. Wire to your bank account (fees apply) \_\_\_\_ 3. Western Union (fees apply) \_\_\_\_ 4. Money Gram (fees apply) \_\_\_\_

**Copies of documents needed for Tax Preparation:**

- Copy of Front Page of the Passport
- Copy of Visa
- Copy of I-94 (if you don't have it check date when you came to U.S in 2009 once again – we need correct date)
- Copy of Social Security Card
- W2 forms from **all** Employers (if you didn't get your W-2 form yet we need **Last** Paycheck stubs from **all** Employers)
- Copy of DS 2019

**LIMITED POWER OF ATTORNEY**

**THE PURPOSE OF THIS LIMITED POWER OF ATTORNEY IS TO GIVE THE AGENCY YOU DESIGNATE (YOUR “ATTORNEY-IN-FACT”) THE LIMITED POWER TO PREPARE YOUR FEDERAL AND STATE TAX RETURN(S), RECEIVE AND DEPOSIT YOUR REFUND CHECK(S) INTO ITS OWN ACCOUNT AS AN ACCOMODATION TO YOU SO THAT IT CAN CONVEY THE FUNDS TO YOU BY ANOTHER METHOD CONVENIENT TO YOU.**

I, the undersigned \_\_\_\_\_ *full name as in passport* \_\_\_\_\_, Date of Birth : *month/date/year (mm/dd/year)* Social Security Number \_\_\_\_\_ *123-45-6789* \_\_\_\_\_ residing at : \_\_\_\_\_ *Your home address and postal code* \_\_\_\_\_ do hereby execute this Limited Power of Attorney with the intention that E-Point Student Work and Travel Center and it’s employees locating at 1513 Philadelphia Avenue, Ocean City, MD 21842, who have prepared my Tax Return, shall be authorized:

- To request from the employer my W-2 form and receive it to it’s address,
- To prepare, sign and file all income tax return applications in my name and on my behalf,
- To receive, endorse and deposit into its own account any and all IRS Federal and State Tax Refund Checks issued to me in connection with my 2006-2009 Tax Year Income Tax Return(s).
- To withhold a service fee of \$50, if I had one job, and \$60 if I had two or more jobs during tax year from my refund when its will be received.

In Connection with this Limited Power of Attorney and the deposit of said IRS Income tax Refund Check(s), I further authorize my Attorney-in-Fact to do any and all acts, including receive, sign or endorse said Check(s), and request and receive any and all information regarding the deposit and status of said IRS Federal and State Tax Refund Check(s) into its own account the same as if I could do if personally present. I further authorize my Attorney-in-Fact to convey such funds as are deposited on my behalf to me by way of bank transfer, check, or in any other manner so as to achieve the same purpose.

This Limited Power of Attorney shall be effective immediately upon execution, and shall be in full force and effect for a period of twelve months from the date of signing.

I hereby authorize the use of a photocopy of this Limited Power of Attorney, in lieu of the original copy executed by me, for the purpose of effectuating the terms and provisions hereof.

I expressly authorize any party dealing with my Attorney-in-Fact to rely implicitly upon all acts performed by my Attorney--in-Fact, in my name, without any liability or responsibility.

Signed this   date   day of   month  , 20   year   .

\_\_\_\_\_  
*signature*  
Signature

\_\_\_\_\_  
*your full name*  
Print Full Name

- 7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
- a** If you also want the second representative listed to receive a copy of notices and communications, check this box
- b** If you do not want any notices or communications sent to your representative(s), check this box

**8 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 tax 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.**

**9 Signature of taxpayer(s).** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. 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 authority to execute this form on behalf of the taxpayer.

**▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

----- *Youe Sg* ----- *mm/dd/year* -----  
 Signature Date Title (if applicable)

-----     -----  
 Print Name PIN Number Print name of taxpayer from line 1 if other than individual

----- Signature ----- Date ----- Title (if applicable)

-----     -----  
 Print Name PIN Number

**Part II Declaration of Representative**

**Caution:** *Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II.*

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax 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—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c** Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
  - d** Officer—a bona fide officer of the taxpayer’s organization.
  - e** Full-Time Employee—a full-time employee of the taxpayer.
  - f** Family Member—a member of the taxpayer’s immediate family (for example, spouse, parent, 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—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions.
  - k** Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
  - l** Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
  - 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 SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions.

Designation—Insert above letter (a-r)	Jurisdiction (state) or identification	Signature	Date