

Dokumentų paketo instrukcijos

Gerbiamas kliente,

Dėkojame, kad Didžiosios Britanijos mokesčių grąžinimui pasirinkote mus – RT Tax ! Susigrąžinti mokesčius dar niekada nebuvo taip lengva! **Tiesiog sekite šias instrukcijas:**

ATSISPAUSDINKITE visus šio dokumento paketo puslapius

UŽPILDYKITE Registracijos Formą bei Prašymą pervesti pinigus

PASIRAŠYKITE "X" pažymėtuose laukeliuose

SURINKITE šiuos reikalingus dokumentus:

- 1. Jūsų paso arba asmens tapatybės kortelės kopiją;
- 2. NIN (National Insurance) kortelės kopiją (jeigu turite);
- 3. CIS registracijos pažymą UTR numerį (jeigu turite). Net ir tuo atveju, jei nedirbote kaip self-employed, bet registravotės kaip self-employed pateikite mums UTR numerį;
- 4. Dokumentus apie Jūsų pajamas:
 - a. Originalias P45 ir/ar P60 formas iš visų darbdavių;
 - b. Mėnesinius pajamų išrašus (Subcontractor Monthly Statements), jei dirbote kaip "self-employed";
 - c. Paskutinius užmokesčio čekius, jei neturite P45/P60 formų ar mėnesinių pajamų išrašų.

<u>PASTABA</u>: susigrąžinti mokesčius galite ir neturėdami visų aukščiau išvardintų dokumentų! Tiesiog kreipkitės į mus, o mes padėsime juos gauti!

PATEIKITE VISUS DOKUMENTUS RT Tax!

Atneškite arba atsiyskite visus dokumentus į artimiausią RT Tax atstovybę:

EAST WEST CONSULTING

Kaunas

Kęstučio 56-4a Tel.: 8-37201038 E-mail: kaunas@ewc.lt Vilnius

Odminių g. 11 Tel.: 8-52617200 E-mail: info@ewc.lt

O DABAR ATSIKVĖPKITE! JŪSŲ DARBAS BAIGTAS, VISĄ KITĄ PADARYSIME MES!

Liu TAX



Mokesčių grąžinimo PROCESAS:

Kai atsiųsite/pateiksite visus reikiamus dokumentus į RT Tax atstovybę, informuosime Jus apie grąžinamų mokesčių sumą el.paštu (jei mūsų el. laiško negausite, susisiekite su mumis el.paštu <u>info@rttax.com</u> arba tel. 8-37-320391)

Gauti dokumentai bus peržiūrėti. Jei pateikti dokumentai bus tvarkingi, RT Tax darbuotojai paruoš dokumentus ir išsiųs permokėtų mokesčių grąžinimui (jei nepridavėte visų reikalingų dokumentų, bus vykdoma jų paieška).

Kai mokesčiai bus gauti, informuosime Jus el.paštu, kad pinigai buvo pervesti į banko sąskaitą.

SVARBU! Pasitaiko atvejų, kai mokesčių inspekcija išsiunčia čekį tiesiogiai Jums į namų adresą arba perveda į užsienio šalyje turėtą sąskaitą. Tokiu atveju turite susisiekti su mumis (el.paštu: info@rttax.com, tel.: +370 37 320391) ir susimokėti komisinį mokestį už suteiktas paslaugas.

Mokesčių grąžinimo TRUKMĖ:

Mokesčių grąžinimo procesas paprastai trunka 75 – 120 dienų nuo to momento, kai dokumentai atkeliauja į mūsų įmonės pagrindinę būstinę Kaune.

PASTABA: Mokesčių grąžinimo terminas gali būti ilgesnis arba trumpesnis. Šis terminas priklauso nuo Mokesčių Inspekcijos užimtumo ir darbo spartos.

Paslaugų MOKESČIAI:

RT Tax netaiko jokių avansinių ar paslėptų mokesčių. Tai reiškia, kad jums nieko nekainuoja kreiptis dėl mokesčių grąžinimo, o komisinis mokestis imamas tik tada, kai grąžinimo procesas yra įvykdytas.

Mokesčių grąžinimas iš Didžiosios Britanijos:

25 svarų sterlingų, jei grąžintina suma o–100 svarų sterlingų 35 svarų sterlingų, jei grąžintina suma 101–200 svarų sterlingų 50 svarų sterlingų, jei grąžintina suma 201–600 svarų sterlingų 9%, jei grąžintina suma 601 svarų sterlingų ir daugiau.

Trūkstamų dokumentų paieška: už trūkstamų dokumentų (P45/P60) suradimą taikomas 15 svarų sterlingų mokestis.

Verslo liudijimo galiojimo sustabdymo paslauga: Jeigu dirbote kaip savarankiškas darbuotojas, mes galime padėti sustabdyti Jūsų verslo liudijimo galiojimą. Tai užtikrins, kad ateityje negautumėte jokių baudos kvitų. Paslaugos mokestis – 20 svarų sterlingų.



Registracijos forma Mokesčių grąžinimas iš Didžiosios Britanijos

Vardas, Pavardė: Gimimo data: Telefonai: El. Paštas:	Adresas: (Lietuvoje)				
	NIN - National Insurance numeris UTR - Unique Taxpayer Reference				
Parašykite visas įvažiavimo ir išvažiavimo iš Didžiosios Brita Įvažiavimo į Didžiąją Britaniją data: Pastaba: Jei reikia daugiau vietos, įvažiavimo - išvykimo datas nurodykite kito Ar planuojate vykti į Didžiąją Britaniją, per ateinančius 3 metus? Jei taip, nurodykite būsimų vizitų datas: Ar esate anksčiau susigrąžinęs arba bandęs susigrąžinti mokesčius Jei atsakėte "Taip" aprašykite už kuriuos metus ir kok	Išvykimo iš Didžiosios Britanijos data: oje registracijos formos pusėje: Taip Ne per RT Tax, pats ar padedant kitai įmonei? Taip Ne				
Iš kur sužinojote apie RT Tax teikiamas paslaugas: Nurodykite adresus, kuriuose gyvenote darbo Didžiojoje Britanijoje metu:					
	Darbdavių duomenys				
Nurodykite keliuose darbuose dirbote: Prašome pateikti informaciją apie <u>visus</u> darbdavius. To nepa 1. Kompanija: Adresas:	darius mokesčių grąžinimas gali komplikuotis. 2. Kompanija: Adresas:				
Tel/Fax: El. Paštas Dirbote nuo:m. /mén. /d.ikim. /mén. /d.	Tel/Fax: El. Paštas Dirbote nuo:m. /mėn. /d.ikim. /mėn. /d.				
Kliento pastabos:	3. Kompanija: Adresas: Tel/Fax: El. Paštas				
RT Tax pastabos: Uždirbta:	Dirbote nuo:m. /mén. /d.ikim. /mén. /d. 4. Kompanija: Adresas:				
Mokesčių mokėta:	Tel/Fax: El. Paštas Dirbote nuo:m. /mėn. /d.ikim. /mėn. /d. Pastaba: Jei reikia daugiau vietos rašykite registracijos formos antroje pusėje. Pasirašydamas šią registracijos formą aš sutinku ir patvirtinu, kad suteikta informacija yra išbaigta ir teisinga. Parašas: Data:				



Parašas:

Prašymas pervesti pinigus

Klientas				
	(Vardas Pavardė)			
Prašau gautas lėšas per	rvesti į žemiau nurodytą sąskaitą:			
Sąskaitos numeris:				
	(Einamosios sąskaitos numeris)			
Banko pavadinimas:				
Sąskaitos savininkas:	(Sąskaitos savininko vardas pavardė)			
	(Sąskaitos savininko vardas pavardė)			
Pakartokite sąskaitos n	umerį:			
Sąskaitos numeris:				
	(Einamosios sąskaitos numeris)			
Nurodykite valiutą, kur	ia norite gauti lėšas:			
•	os kodą prašome perskaityti žemiau pateiktas sąlygas:			
 Lėšas užsienio valiuta einamąją sąskaitą SEB 	galėsime pervesti tik tiems klientams, kurie pateiks Vilniaus banke			
2. Jei Jūsų sąskaita yra n	e SEB Vilniaus banke arba nurodėte kortelės sąskaitos numerį, Jojamos ir pervedamos litais.			
Lī				
PASTABA! Lėšų perved	Jimui į užsienio banką yra taikomas 12 GBP pavedimo mokestis.			
SVARBU! Tam tikrais atvejais, užsienio mokesčių inspekcija išsiunčia grąžinamų mokesčių čekį tiesiogiai klientui. Tokiu atveju, privalote mus informuoti telefonu 8 37 320391 ir sumokėti komisinį mokestį už suteiktas paslaugas, pagal pasirašytą paslaugų atlikimo sutartį.				
Su sąlygomis, nurodyto	omis šiame prašyme, susipažinau ir sutinku.			



Power of attorney

ı	, the undersigned,
	date of birth, National Insurance Number, residing at
6 () () () () ()	(hereinafter referred to as the "Principal"), hereby grant a power of attorney to the company, A and Z Group, Inc. its officers and / or employees with its registered address at Laisves Al. 67, Kaunas LT-44304, Lithuania, (hereinafter referred to as the "Agent"), to sign, verify and file all the principal's individual repayment claims and other tax returns; pay all taxes; claim, sue for and receive all tax refunds; examine and copy all the principal's tax returns and records; represent the principal before any taxing body and sign and deliver all tax powers of attorney on behalf of the principal that may be necessary for such purposes; waive rights and sign all documents on behalf of the principal as required to settle, pay and determine all tax liabilities; and, in general, exercise all powers with respect to tax matters which the principal could if present and under no disability.
	On the basis of this power of attorney A and Z Group, Inc. its officers and/or employees are given the authority:
•	To act as an agent in dealing with the Principal's individual U.K. income tax applications for the tax years 2008-2013.
2.	To receive personal tax refund cheques issued in Principal's name or tax refund transfers to it's own account and convey such refunds to the Principal by way of a bank transfer, check or to handle in another manner so as to achieve the same purpose.
}.	To request from the employer and to receive Principal's P-45/P-60 to it's own address: A & Z Group Inc. Laisves Al. 67, Kaunas LT-44304, Lithuania.
J.	To use own postal address on the Principal's tax returns. To receive all correspondence from the U.K. Tax Authorities.
	The undersigned does hereby appoint A and Z Group, Inc officers and / or employees as his/her attorney to receive, endorse, and collect cheques payable to the order of the undersigned. All rights, powers and authority of A and Z Group, Inc its officers and / or employees to exercise the prerogatives granted herein shall commence and be in full force and effect and remain in full force and effect for a period of twenty four months of the date of its signing.

Signed this day of, 20............

Signature of the Principal:

Declaration

You must sign this declaration.

If you give information which you know is not correct or complete, action may be taken against you.

Vour signature	Date DD MM YYYY
Your signature	Date DD IVIIVI TTTT
Vhat to do now	
ut an 'X' in relevant box	
·	5 Details of employee leaving work (do not send photocopies). our employer please obtain it before you return this form.

Please send this form to your tax office. You can find your tax office address by:

- going to www.hmrc.gov.uk select Contact us and choose Income Tax
- asking your employer.

Please complete, sign, then send this form to your HM Revenue & Customs office. <i>Use CAPITAL letters</i>		Date received by HN	1 Revenue & Customs
Details of Claimant			
Full name			
Address			
Postcode			
Claim			
I claim repayment of the amount overpaid by me, (for non Son year ended must be entered in the box aside).	A claims the period	/	/
Claimant's signature	Date	/	/
If you complete a Self Assessment Return your repayment or building society account. Please include the branch sort count and address of the nominee in the authority below. If you or arrange for repayment to be made in the form of a payable or building society account in order to cash it. If the repayment nominee's name and address must be entered in the authority and not complete a Self Assessment Return your repayment must be paid into a bank or building society account. You should nominate someone who does to receive the order or posted direct to your bank or building society by payable authority below. Also include your account number and sort abank or building society.	ode, the account number a your nominee does not had brider but you or your noment is to be sent to your not below. By below. By ment will be made in the lif you do not have a bank or for you. If the repayment order, the name and address.	and if appropria ave a bank acco ninee will need to minee by payar e form of a payar or building soc t is to be sent to ess must be ento	te, the name unt, we can o open a bank ble order, the able order, iety account o a nominee ered in the
Authority			
I authorise nominee/agent (delete as appropriate)*	Your/your nominee's account number (dele	bank or building ete as appropriat	g society <i>e)</i>
of (full address)	Branch Sort Code	_	J
	Agent's reference (if a	applicable)	
Postcode			
to receive on my behalf the amount due.			

Date

Claimant's signature

^{*}enter the name of the account holder or the person who will receive the payable order.

Please complete, sign, then send this form to your HM Revenue & Customs office. <i>Use CAPITAL letters</i>		Date received by HN	1 Revenue & Customs
Details of Claimant			
Full name			
Address			
Postcode			
Claim			
I claim repayment of the amount overpaid by me, (for non Sor year ended must be entered in the box aside).	A claims the period	/	/
Claimant's signature	Date	/	/
If you complete a Self Assessment Return your repayment or building society account. Please include the branch sort count and address of the nominee in the authority below. If you or arrange for repayment to be made in the form of a payable or building society account in order to cash it. If the repayment nominee's name and address must be entered in the authority if you do not complete a Self Assessment Return your repayment must be paid into a bank or building society account. You should nominate someone who does to receive the order or posted direct to your bank or building society by payable of authority below. Also include your account number and sort of bank or building society.	ode, the account number your nominee does not horder but you or your nonent is to be sent to your new below. By below. By yment will be made in the syour do not have a banker for you. If the repayment order, the name and address.	and if appropria ave a bank acco ninee will need t ominee by paya ne form of a paya or building soc at is to be sent to ress must be ent	te, the name unt, we can o open a bank ble order, the able order, iety account o a nominee ered in the
Authority			
I authorise nominee/agent (delete as appropriate)*	Your/your nominee's account number (del	bank or building ete as appropriat	g society e)
of (full address)	Branch Sort Code	-	
	Agent's reference (if a	applicable)	
Postcode			
to receive on my behalf the amount due.			

Date

*enter the name of the account holder or the person who will receive the payable order.

Claimant's signature



Authorising your agent

Please tick the box(es) and provide the reference(s)

Individual*/Partnership*/Trust* Tax Affairs

HMRC to deal with your agent.

requested only for those matters for which you want

*delete as appropriate (including National Insurance).

Please read the notes on the back before completing this authority. This authority allows us to exchange and disclose information about you with your agent and to deal with them on matters within the responsibility of HM Revenue & Customs (HMRC), as specified on this form. This overrides any earlier authority given to HMRC. We will hold this authority until you tell us that the details have changed.

	Your National Insurance number (individuals only)
I, (print your name)	If you are self employed tick here
	Unique Taxpayer Reference (if applicable)
of (name of your business, company or trust if applicable)	If UTR not yet issued tick here
authorise HMRC to disclose information to	If you are a Self Assessment taxpayer, we will send your Statement of Account to you, but if you would
(agent's business name)	like us to send it to your agent instead, please tick here
who is acting on my/our behalf. This authorisation is limited to	Tax Credits
the matters shown on the right-hand side of this form.	
Signature see note 1 before signing	Your National Insurance number (only if not entered above) If you have a joint Tax Credit claim and the other claimant wants HMRC to deal with this agent, they should sign here Name
Date	Nume
	Signature
Give your personal details or Company registered office here	Signature
Address	
	Joint claimant's National Insurance number
Postcode	
Telephone number	Corporation Tax
	Company Registration number
Give your agent's details here	
Address	
	Company's Unique Taxpayer Reference
Postcode	Free Land DAVE C. Land
Telephone number	Employer PAYE Scheme Employer PAYE reference
Agent codes (SA/CT/PAYE)	Employer 17/12 reference
	Accounts Office reference
Client reference	recounts office reference
For official use only	VAT (see notes 2 and 5 overleaf)
SA// COTAX/_/ NIRS/ / EBS/ /	VAT registration number
COP	VAT registration number If not yet registered tick here

HMRC 07/06 64-8



Authorising your agent

Please tick the box(es) and provide the reference(s)

Individual*/Partnership*/Trust* Tax Affairs

HMRC to deal with your agent.

requested only for those matters for which you want

*delete as appropriate (including National Insurance).

Please read the notes on the back before completing this authority. This authority allows us to exchange and disclose information about you with your agent and to deal with them on matters within the responsibility of HM Revenue & Customs (HMRC), as specified on this form. This overrides any earlier authority given to HMRC. We will hold this authority until you tell us that the details have changed.

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I, (print your name)	If you are self employed tick here
	Unique Taxpayer Reference (if applicable)
of (name of your business, company or trust if applicable)	If UTR not yet issued tick here
authorise HMRC to disclose information to	If you are a Self Assessment taxpayer, we will send your Statement of Account to you, but if you would
(agent's business name)	like us to send it to your agent instead, please tick here
who is acting on my/our behalf. This authorisation is limited to	Tax Credits
the matters shown on the right-hand side of this form.	
Signature see note 1 before signing	Your National Insurance number (only if not entered above) If you have a joint Tax Credit claim and the other claimant wants HMRC to deal with this agent, they should sign here Name
Date	Nume
	Signature
Give your personal details or Company registered office here	Signature
Address	
	Joint claimant's National Insurance number
Postcode	
Telephone number	Corporation Tax
	Company Registration number
Give your agent's details here	
Address	
	Company's Unique Taxpayer Reference
Postcode	Free Land DAVE C. Land
Telephone number	Employer PAYE Scheme Employer PAYE reference
Agent codes (SA/CT/PAYE)	Employer 17/12 reference
	Accounts Office reference
Client reference	recounts office reference
For official use only	VAT (see notes 2 and 5 overleaf)
SA// COTAX/_/ NIRS/ / EBS/ /	VAT registration number
COP	VAT registration number If not yet registered tick here

HMRC 07/06 64-8

	•	•	ods. Plea	ise use CA	PITAL le	order all the jobs you have had and any patters and continue on a separate sheet	of paper if you	need to.	
If you were not working ar						ce or received taxable Incapacity Benefit ck the 'Not earning' box.	please tick the a	арргоргіате рох.	
Date in full for example, 28-06-99	√ one b		Jobseekers	Incapacity	Not earning	If you ticked: Employed – enter your employer's full name a and Tax reference number (if known) Self-employed – enter your business name an Jobseekers Allowance or Incapacity Benefit the name of the Benefit Office Not earning – it helps if you can say what yo for example, "abroad" or "in full time education"	nd address t – enter u were doing,	Type of job, payroll/works number and branch or site you worked at	Total weekly income (with bonuses and overtime) before stoppages or weekly rate of benefit
From To	,								
						Tax reference (if known):			£
									£
						Tax reference (if known):			
						Tax reference (if known):			£
						Tax reference (if known):			£
						Tax reference (if known):			£
Pensions			Pleas	se compl	ete in a	all cases			
Please √ if you receive any • Pension from a previous		owing		te of birth		/ /		gree to us contacting you any queries, please give a	
(Give your tax reference, if know			• Is y	your new j	ob your	only job? (√) Yes No No			
If no , give details of to (Add tax reference if known			the other employment	 Please g 	ive your title: Mr	Mrs Miss			
A state retirement pension					Ms	other			
Any other pension If you tick this box please state the type of pension below		• Wh	nat is the a	mount (of your weekly or monthly pay for your	Signature			
			cur	rrent job?	£	Weekly Monthly	Date	/ /	
