

# USA Tax Refund Application Form

(Please use **different applications** for separate tax years!)

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

USA Social Security number: \_\_\_\_\_

Personal Identification Number: \_\_\_\_\_

Birth date (yyyy/mm/dd): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY AND POSTAL CODE, COUNTRY: \_\_\_\_\_

E-mail, contact phone numbers: \_\_\_\_\_

Enter the tax year for which you would like us to process your Tax Return: \_\_\_\_\_

Have you already tried to get refund of taxes for that year? Yes  No

Date you entered USA (yyyy/mm/dd): \_\_\_\_\_

Date you left USA (yyyy/mm/dd): \_\_\_\_\_

Exchange program name: \_\_\_\_\_

TYPE OF VISA: \_\_\_\_\_

Have you been to USA before? Yes  No

If 'Yes', specify visa type and what period you spent in USA that year: \_\_\_\_\_

Have you applied for Tax Refund in previous years? Yes  No

If 'Yes', name the agency that processed your Tax Refund and specify the period for which tax refund was processed: \_\_\_\_\_

How many employers did you have in USA?

INDICATE STATE(S) you worked in:

**You must indicate all employers! Incorrect data can cause problems getting your tax refund.**

**Employer 1**

COMPANY NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail/www address: \_\_\_\_\_

Worked from (yyyy/mm/dd): \_\_\_\_\_ to (yyyy/mm/dd): \_\_\_\_\_

Have you attached form W2 from this employer?\* Yes  No

Have you attached last pay slip from this employer?\* Yes  No

Do you need SS/Med tax refund from this employer?\* Yes  No

**Employer 2**

COMPANY NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail/www address: \_\_\_\_\_

Worked (yyyy/mm/dd): \_\_\_\_\_ to (yyyy/mm/dd): \_\_\_\_\_

Have you attached form W2 from this employer?\* Yes  No

Have you attached last pay slip from this employer?\* Yes  No

Do you need SS/Med tax refund from this employer?\* Yes  No

**Employer 3**

COMPANY NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail/www address: \_\_\_\_\_

Worked from (yyyy/mm/dd): \_\_\_\_\_ to (yyyy/mm/dd): \_\_\_\_\_

Have you attached form W2 from this employer?\* Yes  No

Have you attached last pay slip from this employer?\* Yes  No

Do you need SS/Med tax refund from this employer?\* Yes  No

Notes and comments:

If you had more than 3 employers, please provide information on separate page.

Please fill in the form giving as detailed information as possible. Please send this form scanned to the e-mail [info@stconsulting.info](mailto:info@stconsulting.info), or you can use our postal address:  
**Student Tax Consulting, P.O. Box 311, LT-44005 Kaunas, Lithuania.**

**Attach the following documents to your application:**

W-2 forms and/or final payslip(s) from each employer (**originals!**), copy of Social Security card, copy of your Passport, copy of US Entry Visa, copy of Form DS-2019 (if available), copy of I-94 card (if available).

**\*Attention!!!** If you do not submit us with the last payslip or form W-2 from one of your employers or if you choose our Social Security/Medicare Tax Refund service, but do not submit us with form W-2, additional service of getting W-2 form will be provided to you automatically for extra fee! Social Security/Medicare tax refund service is available for United States J, F, M or Q visa holders only.

First name, last name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_