



## Questionnaire and power of attorney 30% ruling

### Instructions for completion

- Please complete the questionnaire and power of attorney fully and as detailed as possible, unless otherwise stated. The power of attorney should be signed by your employer as well.
- Upon completion and signing of the power of attorney, please send it to us together with the required documents, preferably by e-mail to [info@nexpat.nl](mailto:info@nexpat.nl). By signing, you accept our general conditions and fees as indicated on our website <http://nexpat.nl>.
- Should you enclose a document, simply check the applicable box (.
- Please indicate dates in the format dd/mm/yyyy where required;
- Please note that Nexpat is not liable for consequences of providing incorrect and/or incomplete information. If additional work is required due to information being initially missing extra charges may apply at our hourly rates.

Please feel free to contact us in case you have any questions or remarks.



## Client questionnaire 30% ruling

First and last name:

Address, ZIP and postal code:

City and country:

Phone number:

E-mail address:

Gender:

Date of birth:

BSN / social fiscal number<sup>1</sup>:

Nationality:

In the 24 months before your first working day in the Netherlands, did you live within a distance of at least of 150 km<sup>2</sup> from the border of the Netherlands?

Yes/no. If yes:

- Foreign address:

- From: until:

Home country:

Date of arrival in the Netherlands:

Have you worked in the Netherlands before?

Yes/no. If yes:

- From: until:

- Has a 30% tax ruling been granted before? Yes/no.

Have you lived in the Netherlands before?

Yes/no. If yes, from: until:

Date you signed the current employment contract:

Start date of the current employment contract:

## Please enclose the following documents:

- |  |                         |                          |
|--|-------------------------|--------------------------|
| - The signed power of attorney                       | Check for enclosure(s): | <input type="checkbox"/> |
| - A copy of your passport or residence permit        | Check for enclosure(s): | <input type="checkbox"/> |
| - A copy of your employment contract                 | Check for enclosure(s): | <input type="checkbox"/> |
| - Your résumé (curriculum vitae)                     | Check for enclosure(s): | <input type="checkbox"/> |
| - A copy of any work or knowledge migrant statement  | Check for enclosure(s): | <input type="checkbox"/> |
| - A copy of any previously granted 30% tax ruling(s) | Check for enclosure(s): | <input type="checkbox"/> |

<sup>1</sup> Please note that a BSN / social security number is a condition to obtain a 30% tax ruling. Such number normally will be provided once you have been registered as a resident of the municipality in which you live. In case you are/will not (be) living in the Netherlands, such number can be provided by the Dutch tax authorities. Please inform us in case you need further assistance on this matter.

<sup>2</sup> Please note that if you lived within 150 km from the Dutch border, you may not qualify for the 30% ruling.

NEXPAT

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## Volmacht - Power of attorney 30% ruling

### Werkgever

### Employer

Naam:

Name:

Adres:

Address:

Postcode en plaats:

Postal code and city:

Loonbelastingnummer:

Wage tax number:

### Werknemer

### Employee

Naam werknemer:

Name employee:

Adres:

Address:

Postcode & plaats:

Postal/ZIP code & city:

BSN:

BSN/social security nr:

Geboortedatum:

Date of birth:

Geboorteplaats:

Place of birth:

Ondergetekenden verlenen hierbij tot nader order een volmacht aan Nexpat om hen te vertegenwoordigen en om correspondentie en/of overleg te voeren met, bezwaar in te dienen bij en andere zaken aanhangig te maken bij alle relevante instanties met betrekking tot de 30% regeling inzake onderhavige werknemer.

The undersigned herewith provide until further notice power of attorney to Nexpat to act as their representative and to perform any correspondence and/or contacts with, file objections with and to take matters up with all relevant authorities on the 30% regulation regarding underlying employee.

### Aldus getekend en overeengekomen op / Agreed and signed on:

#### Werkgever/Employer

Plaats/Place:

Datum/Date:

#### Werknemer/Employee

Plaats/Place:

Datum/Date:

Handtekening/Signature:

Handtekening/Signature:

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