

Conflict Check: \_\_\_\_\_ Retainer: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Costs: \_\_\_\_\_

**CONFIDENTIAL CLIENT INTAKE INFORMATION/TAX MATTERS**

Today's date: \_\_\_\_\_

**CLIENT INFORMATION**

Taxpayer Name:	Spouse's name:
Taxpayer S.S.#:	Spouse's S.S.#:
Taxpayer's Date of Birth:	Spouse's Date of Birth:

**CONTACT INFORMATION**

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

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

Email: \_\_\_\_\_

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

**TAX ISSUE**

Please describe the tax issue you are seeking assistance with \_\_\_\_\_

Tax Year(s) \_\_\_\_\_

Tax Owed: \_\_\_\_\_

**CURRENT STATUS:**

10-day Letter Date \_\_\_\_\_

Notice of lien/ levy/ garnish dated \_\_\_\_\_

30-day Letter Date \_\_\_\_\_

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

90-day Letter Date \_\_\_\_\_

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

Tax Court Date \_\_\_\_\_

Docket No: \_\_\_\_\_

**PERSONAL INFORMATION**

Marital Status: Single Married Divorced Widowed Separated (Circle one)			
Marriage Date:		Date of Divorce:	Date of Separation:
Male – Female (circle one)	Age:	Disabled: Yes No (Circle one)	
		First Language:	

Referred by:					
1. Who Lives with you?					
Name	Relationship	SSN	Age	Income / Assistance?	Do you Support?
2. Do you support anyone who does not live with you?					
Name	Relationship	SSN	Age	Address	
Do you, any of the people who live with you or anyone you help support suffer from any significant disabilities? (YES/NO)					
Explain:					

**EDUCATIONAL BACKGROUND**

Do you have a high school education?	YES	NO
If no, what grade did you complete?	Grade	
Have you attended Technical School? If yes, how long was the program and how much of it did you complete?		
Major:	Year Graduated:	
Have you attended special training through your current or a previous employer?		
Type of Program:	Year Attended:	
Have you attended College? If yes, how many years did you complete?	1 2 3 4	
Major:	Year Graduated:	
Comments:		

**INCOME AND ASSISTANCE INFORMATION**

<b>Wage Income</b>						
Your Employer:						
Wages:	\$	Yr	Mo	Wk	BiWk Hr (circle one)	Hrs per wk:
Spouse's Employer:						
Wages:	\$	Yr	Mo	Wk	BiWk Hr	Hrs per wk:
<b>Other Income</b>						
Alimony	\$	Yr	Mo	Wk	BiWk (circle one)	
Child Support	\$	Yr	Mo	Wk	BiWk	
Retirement Income	\$	Yr	Mo	Wk	BiWk	
Disability	\$	Yr	Mo	Wk	BiWk	
Social Security & SSI	\$	Yr	Mo	Wk	BiWk	
Veteran's Benefits	\$	Yr	Mo	Wk	BiWk	
Unemployment	\$	Yr	Mo	Wk	BiWk	
Rental, Interest, Dividends or Other Investment Income	\$	Yr	Mo	Wk	BiWk	
Other	\$	Yr	Mo	Wk	BiWk	
<b>Social Services That You Receive or Qualify for:</b>						
Welfare (AFDC):	\$	Yr	Mo	Wk	BiWk	
Food Stamps:	\$	Yr	Mo	Wk	BiWk	
Medicaid:	\$	Yr	Mo	Wk	BiWk	
Other:	\$	Yr	Mo	Wk	BiWk	
Comments:						

**ASSETS AND LIABILITES**

<b>Checking, Savings, Retirement (401K, IRA, etc.), Stock Trading or Other Accounts</b>				
Bank/Financial Institution	Location	Type of Account	Average Balance	
<b>Real Estate including Rental Properties owned by you and/or your spouse</b>				
Type	Address	Value	Liability	Monthly Payment
Home:				

Rental:				
Other Real Estate:				
<b>Have any of these properties been foreclosed on? Yes ___ No ___</b>				
<b>Address of foreclosed property(ies):</b>				
<b>Vehicles</b>				
<b>Vehicle 1</b>	Year	Make/Model	Mileage:	
	Loan Amount	Monthly Payment		Months Remaining
	Insurance	Fuel Cost		Maintenance Cost
<b>Vehicle 2</b>	Year	Make/Model	Mileage:	
	Loan Amount	Monthly Payment		Months Remaining
	Insurance	Fuel Cost		Maintenance Cost
<b>Other Recreational Vehicles (motorcycles, boats, RV):</b>				
	Year	Make/Model	Mileage:	
	Loan Amount	Monthly Payment		Months Remaining
	Insurance	Fuel Cost		Maintenance Cost
<b>Any other owned property worth more than \$1,000, please describe:</b>				

**EXPENSES AND LIABILITIES**

**Expenses**

Childcare:	\$	Comments
Medical:	\$	Comments
Transportation:	\$	Comments
Education:	\$	Comments
Rent/Housing:	\$	Comments
Electricity	\$	Comments
Gas	\$	Comments
Water	\$	Comments
Phone	\$	Comments
Other	\$	Comments
Other	\$	Comments
Other	\$	Comments
Comments:		

<b>Other Liabilities</b>		
Credit Cards:	\$	Comments
IRS:	\$	Comments
Medical Debts:	\$	Comments
Other:	\$	Comments
Comments:		

### TAX HISTORY

		Yes	No
1.	Have you discussed this matter with any other attorney?		
	Comments:		
2.	Are you withholding a sufficient amount of taxes to meet your income tax obligation for the current year? (i.e. When you complete your tax return, do you typically receive a refund or owe additional taxes?)		
	Comments:		
3.	Have you filed all required income tax returns?		
	Comments:		
4.	Did you include all income reported to you on a W-2 or 1099, including corrected forms?		
	Comments:		
5.	Have tax returns been filed by the due dates?		
	Comments:		
6.	Did you pay the balance of taxes due?		
	Comments:		
7.	Have you failed to receive an expected refund?		
	Comments:		
8.	Are you currently making monthly payments to the I.R.S.?		
	Comments:		
9.	Have you previously signed an installment payment agreement with the I.R.S.? (i.e. Have you entered into an agreement that required periodic payments to the I.R.S.?)		
	Comments:		
10.	Have you previously submitted an Offer in Compromise? (i.e. Have you previously submitted a request where you asked the I.R.S. to accept a payment of less than your full tax liability to satisfy your full liability?)		
11.	Have you received a letter from the I.R.S. stating that your tax return was		

	being reviewed and you had 30 days to provide information to support the claims made on your tax return?		
	Comments:		
12.	Have you received a letter from the I.R.S. stating that your tax return was changed and you had 90 days to petition the U.S. Tax Court before additional taxes were assessed against you? The letter would have been titled a "Notice of Deficiency".		
	Comments:		
13.	Have you previously filed a petition to the U.S. Tax Court?		
	Comments:		
14.	If you operated a business, did you file all employment tax returns?		
	Comments:		
15.	Did you deposit the required employment taxes?		
	Comments:		
16.	Are you currently involved in a bankruptcy proceeding?		
	Comments:		
17.	Are you contemplating filing a bankruptcy petition?		
	Comments:		
18.	Have you previously filed a bankruptcy petition? If so, what year(s) did you file?		
	Comments:		

**ADDITIONAL INFORMATION**

Other facts you would like us to know \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR LAW OFFICE?**

- Referred by: \_\_\_\_\_
- Insurance Plan: \_\_\_\_\_
- Bar Association: \_\_\_\_\_
- Newspaper, magazine: \_\_\_\_\_
- Internet; Web Site (if you recall): \_\_\_\_\_
- Other: \_\_\_\_\_

**LEGAL INSURANCE INFORMATION**

If you are a member of a Legal Insurance Plan, please provide your

Name of the Insurance Company \_\_\_\_\_

Membership Number \_\_\_\_\_

Case Number \_\_\_\_\_