



DENVER ASSET BUILDING COALITION'S LOW INCOME TAXPAYER CLINIC NEW CLIENT APPLICATION

INSTRUCTIONS AND DISCLOSURES

1. The following application is used by the Denver Asset Building Coalition (hereinafter “the Clinic”) to determine eligibility for our program. Please fill out the application as completely and accurately as possible, then sign and date at the end.
2. The Clinic must gather and maintain private and confidential taxpayer information for all cases and consultations. The Clinic will keep all this information confidential, regardless of whether or not representation is undertaken.
3. The Clinic’s representation is free of charge. However, if incidental costs are incurred, such as court filing fees, the taxpayer will be responsible for those costs.
4. The Clinic bases its decisions and analysis on information provided by the taxpayer. All information provided to the Clinic by the taxpayer must be truthful, honest, and to the best of the taxpayer’s knowledge.
5. The Clinic reserves the right to withdraw representation at any time if it discovers that you, or your spouse, intentionally or negligently misrepresented or omitted any material fact with regard to your case, including (but not limited to) information regarding your personal financial status.
6. The Clinic’s representation does not begin until all parties have signed a Power of Attorney document (IRS Form 2848).
7. The Clinic is partially funded through a grant provided by the Department of Treasury. However, the Clinic operates completely independent of the Internal Revenue Service and federal government.

Part I: Contact Information

Taxpayer's Contact Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____ / ____ / _____

Social Security Number: _____ - _____ - _____

Address: _____

Phone Number: _____ Alternative Phone Number: _____

Email Address: _____

English as a Second Language: _____ (Yes/No)

If yes, what languages do you speak? _____

Relationship Status (please select one):

Single Married Significant Other Divorced

Legally Separated Widowed Other

Spouse's Contact Information (if applicable):

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____ / ____ / _____

Social Security Number: _____ - _____ - _____

Address: _____

Phone Number: _____ Alternative Phone Number: _____

Email Address: _____

English as a Second Language: _____ (Yes/No)

If yes, what languages do you speak? _____

Part II: Financial Information

Dependents:

Number of children or other persons you support: _____

Total Household Size: _____

Please list the name and relationship of all dependents:

1. _____
2. _____
3. _____
4. _____

Do all of your dependents live at home? _____ (Yes/No)

If not all of your dependents live at home, please explain: _____

Taxpayer's Employment Information:

Name of Employer (N/A if self-employed): _____

Frequency of Pay: _____ (weekly, bi-weekly, monthly, etc)

Amount of Gross Pay Per Period: _____

Spouse's Employment Information (if applicable):

Name of Employer (N/A if self-employed): _____

Frequency of Pay: _____ (weekly, bi-weekly, monthly, etc)

Amount of Gross Pay Per Period: _____

Other Income:

- a. Alimony: _____
- b. Child Support: _____
- c. Social Security: _____
- d. Supplemental Security Income (SSI): _____
- e. Veteran's Benefits: _____
- f. Interest, Dividends, or Investment Income: _____
- g. Unemployment: _____
- h. Retirement Income: _____
- i. Disability Income: _____
- j. Pension Income: _____
- k. Welfare or Food Stamps: _____
- l. Other Income: _____

Please explain Other Income: _____

Assets:

Personal Residence:

- a. Fair Market Value: _____
- b. Equity: _____

Vehicle 1:

- a. Year, Make, Model: _____
- b. Fair Market Value: _____

Vehicle 2:

- _____
- _____

Other Assets (Please list the Fair Market Value):

- a. Retirement Savings: _____
- b. Other Real Estate: _____
- c. Other Assets: _____

If you have other assets, please list and explain: _____

Debts:

- a. Mortgage Balance: _____
- b. Credit Cards: _____
 - i. Amount Owed: _____
 - ii. Monthly Payments: _____
- c. Federal (IRS) Taxes: _____
- d. State Taxes: _____
- e. Student Loans: _____
- f. Medical Debts: _____
- g. Auto Loans: _____
- h. Other Debts: _____

If you have other debts, please list and explain: _____

Monthly Expenses:

- a. Rent/Mortgage: _____
- b. Medical Expenses: _____
- c. Vehicle: _____
 - i. Car Payment: _____
 - ii. Public Transportation: _____
- d. Utilities: _____
 - i. Electric: _____
 - ii. Gas: _____
 - iii. Water: _____
 - iv. Trash: _____
 - v. Internet: _____
 - vi. Phone: _____
 - vii. Cable: _____

Disabilities:

Do you or your spouse/SO or your dependents suffer from any significant disabilities? _____ (Yes/No)

If yes, please explain: _____

Part III: Tax Information

Tax Filing Information:

Are you up to date with filing your tax returns? _____ (Yes/No)

If not, which years do you need filed? _____

Tax Controversy Information:

What years are at issue with your IRS dispute?

Have you ever been levied? If so, when and what property was seized? _____

What stage is your current case in? (Please choose one)

___ Audit or Exam ___ Collections ___ Tax Court ___ Not Sure

Are you considering filing for bankruptcy? _____ (Yes/No)

If yes, where are you in the process?

Are you disputing your tax liability (i.e. do not believe you owe it)? _____
(Yes/No)

Do you agree you owe the tax but are unable to pay? _____ (Yes/No)

Are you seeking innocent spouse relief? _____ (Yes/No)

Do you owe the State of Colorado? _____ (Yes/No)

Do you owe any other State or Local government? _____ (Yes/No)

If yes, please state which state or local government and how much: _____

Explain your IRS (and State tax, if applicable) issue in the space provided below:

I acknowledge that all of the above information is true and accurate. I understand that failure to provide true and accurate information now, and if my case is selected for representation, will result in a denial, or withdrawal, of the Clinic's services. This application may be executed by way of facsimile or electronic signature or transmission, and if so, shall be deemed to have the same legal effect as delivery of an original executed copy, for all purposes.

Signature of Taxpayer: _____ **Date:** _____

Signature of Taxpayer's Spouse (If applicable): _____ **Date:** _____