

REQUEST FOR FEDERAL TAX CLINIC ASSISTANCE

NAME: _____ SPOUSE'S NAME: _____

(AKA): _____
Any and all previous names used, include Maiden Name

TAXPAYER SSN: _____ SPOUSE'S SSN: _____

ADDRESS: _____
Street / P O Box City State Zip

PHONE (home): _____ (work) _____ (cell) _____

E-MAIL address: _____ (fax) _____

BIRTHDATE: _____ SPOUSE'S BIRTHDATE: _____

DEPENDENTS: (name) _____ (age) _____ (name) _____ (age) _____
(name) _____ (age) _____ (name) _____ (age) _____
(Continue on next page, if necessary)

TAX YEAR(S)/PERIOD(S) AT ISSUE: _____

TOTAL AMOUNT OF LIABILITIES AT ISSUE: _____

TYPE OF TAX: (Check applicable taxes)
____ individual income ____ business income ____ employment taxes

TOTAL MONTHLY INCOME: YOURS _____ SPOUSE _____

RACE/ETHNICITY: (check one) MARITAL STATUS (check one) HANDICAPPED (check one)
() White () Married () Yes
() Hispanic () Never Married () No
() African American () Divorced PREVIOUS CLIENT
() Native American () Separated () Yes
() Asian () Widowed () No

INCOME INFORMATION:

Gross wages	\$	Social Security Retirement	\$
Public Assistance/TANF	\$	SSDI / SSI (circle one)	\$
Alimony	\$	Disability	\$
Pension/Retirement/Not SS	\$	Food Stamps	\$
Insurance or Annuity	\$	Trust/Interest/Dividends	\$
Business Net Profit	\$	Veteran's Benefits	\$
Child Support	\$	University Scholarships	\$
Unemployment Comp.	\$	Net Gambling Winnings	\$
Worker's Compensation	\$	Other	\$

**MUST PROVIDE PROOF OF GROSS INCOME:
INCLUDE ALL INCOME STATEMENTS WITH APPLICATION**

VOTING RIGHTS (optional): Are you a registered voter? Yes No
 Would you like more information? Yes No

PENDING DEADLINES: _____

PLEASE DESCRIBE YOUR FEDERAL TAX PROBLEM: _____

Passion *into* Practice.

