Gonzaga Law School - Clinical Legal Programs
Center for Law, Ethics & Commerce
Federal Tax Clinic

Supervising Attorney: Chris Crago, J.D., L.L.M.

## REQUEST FOR FEDERAL TAX CLINIC ASSISTANCE

| NAME:                                                                                        | SPOU                                                              | SPOUSE'S NAME:   |                                        |                    |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------|----------------------------------------|--------------------|
| (AKA):  Any and all previous names used, i                                                   | 1 1 M 1 N                                                         |                  |                                        |                    |
| Any and all previous names used, i                                                           | nclude Maiden Name                                                |                  |                                        |                    |
| TAXPAYER SSN:                                                                                | SPOU                                                              | SE'S SSN:        |                                        |                    |
| ADDRESS: Street / P O Box                                                                    |                                                                   |                  |                                        |                    |
| Street / P O Box                                                                             |                                                                   | City             | State                                  | Zip                |
| PHONE (home):                                                                                | (work)                                                            |                  | (cell)                                 |                    |
| E-MAIL address:                                                                              |                                                                   | (                | (fax)                                  |                    |
| BIRTHDATE:                                                                                   | SPOUS                                                             | SE'S BIRTHDA     | .TE:                                   |                    |
| DEPENDENTS: (name)(name)(Continue on next page, if necessary)                                | (age)<br>(age)                                                    | (name)<br>(name) |                                        | (age)<br>(age)     |
| TAX YEAR(S)/PERIOD(S) AT I                                                                   | SSUE:                                                             |                  |                                        |                    |
| TOTAL AMOUNT OF LIABILI                                                                      | ΓΙΕS AT ISSUE: _                                                  |                  |                                        |                    |
| TYPE OF TAX: (Check applicable individual income b                                           |                                                                   | employmen        | nt taxes                               |                    |
| TOTAL MONTHLY INCOME:                                                                        | YOURS                                                             | SI               | POUSE                                  |                    |
| RACE/ETHNICITY: (check one)  ( ) White ( ) Hispanic ( ) African American ( ) Native American | <ul><li>( ) Marrie</li><li>( ) Never</li><li>( ) Divorc</li></ul> | d<br>Married     | () Y<br>() N<br>PREVIOUS               | es<br>Io<br>CLIENT |
| ( ) Asian                                                                                    | () Widow                                                          |                  | $\begin{pmatrix} 1 \\ 1 \end{pmatrix}$ |                    |

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## INCOME INFORMATION:

| Gross wages               | \$<br>Social Security Retirement | \$ |
|---------------------------|----------------------------------|----|
| Public Assistance/TANF    | \$<br>SSDI / SSI (circle one)    | \$ |
| Alimony                   | \$<br>Disability                 | \$ |
| Pension/Retirement/Not SS | \$<br>Food Stamps                | \$ |
| Insurance or Annuity      | \$<br>Trust/Interest/Dividends   | \$ |
| Business Net Profit       | \$<br>Veteran's Benefits         | \$ |
| Child Support             | \$<br>University Scholarships    | \$ |
| Unemployment Comp.        | \$<br>Net Gambling Winnings      | \$ |
| Worker's Compensation     | \$<br>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 FED  | PERAL TAX PROBLEM:                                                                         |  |
|                           |                                                                                            |  |
|                           |                                                                                            |  |
|                           |                                                                                            |  |
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|----------------------|-------|--------|-------|
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| Additional dependent |       |        |       |
| (name)               | (age) |        |       |
| (name)               | (age) |        | (age) |
| (name)               | (age) | (name) | (age) |
| (name)               | (age) | (name) | (age) |
| (name)               | (age) | (name) | (age) |
| (name)               | (age) | (name) | (age) |
|                      | \ 0 / | \ /    | (8-)  |
|                      | (     |        | (-8-) |
| DATE:                |       |        | (*8*) |

Please note: we will not consider any application that does not provide complete and accurate income information. You will have an opportunity to discuss the income information and ask questions when a student interviews you regarding your application.

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