GONZAGA UNIVERSITY | School of Law

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: _____ 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)
- ☐ White
- ☐ Hispanic
- ☐ African American
- ☐ Native American
- ☐ Asian

MARITAL STATUS (check one)
- ☐ Married
- ☐ Never Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

HANDICAPPED (check one)
- ☐ Yes
- ☐ No

PREVIOUS CLIENT
- ☐ Yes
- ☐ 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: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

REFERRAL SOURCE: _____

Additional dependents:

(name) _____ (age) _____ (name) _____ (age) _____
(name) _____ (age) _____ (name) _____ (age) _____
(name) _____ (age) _____ (name) _____ (age) _____
(name) _____ (age) _____ (name) _____ (age) _____
(name) _____ (age) _____ (name) _____ (age) _____
(name) _____ (age) _____ (name) _____ (age) _____

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

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.