University of Denver’s
Low Income Taxpayer Clinic
New Client Application

INSTRUCTIONS AND DISCLOSURES

1. This application, including this page, is four (4) pages long. Please fill in the application as completely and accurately as possible.

2. The University of Denver’s Low Income Taxpayer Clinic’s (“the Clinic”) mission is to assist income eligible taxpayers. We must gather certain financial information from you so that we can determine whether you meet our income guidelines; this will allow us to know whether you qualify for representation.

3. The Clinic will keep all taxpayer information confidential regardless of whether representation is undertaken.

4. Representation is free, but incidental costs charged by a third party (such as court filing fees) will be the responsibility of the taxpayer. We will not incur any costs on your behalf without asking your permission first.

5. The determination to accept or decline your cases is usually made within two weeks and we will notify you as soon as the determination is made.

6. If we accept your case, we will set up a meeting for you to come in to discuss your case and complete additional intake paperwork.

7. 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 on your personal or financial status and/or you fail to cooperate with the Clinic by providing information to us upon request in a timely manner.

8. The Clinic is partially fund through a grant provide by the Department of Treasury. This does not imply that the Clinic has a preferential relationship with the Internal Revenue Service. This Clinic is completely independent of, and not associated with, the Internal Revenue Service or the federal government.
PART I -- TAXPAYER INFORMATION

---------------------------- TAXPAYER CONTACT INFORMATION ----------------------------

Last Name: ___________________________ First: ___________________________ Middle: ___________________________

Date of Birth (mm/dd/yy): ___________________________ Social Security No: ___________________________ Male □ Female □

Relationship Status: □ Single □ Divorced □ Legally Separated □ Widowed

□ Married; number of years: ________ □ Significant Other (SO)

Spouse/SO Last Name: ___________________________ First: ___________________________ Middle: ___________________________

Date of Birth (mm/dd/yy): ___________________________ Social Security No: ___________________________ Male □ Female □

Address: __________________________________________ City: ___________________________ St. _______ Zip: ____________

Home Phone: ___________________________ Cell: ___________________________ Work Phone: ___________________________

Fax (home □; work □): ___________________________ Email: ___________________________

------------------------------- TAXPAYER ELIGIBILITY INFORMATION -------------------------------

1. Current on all tax filings? Yes □ No □; years not filed: ___________________________

2. Dependents (individuals you support):
   a. Number of children ____________
   b. Others (i.e., parents, other relatives, specify) ______________________________________________________________________
   c. Do all dependents live in home? If not, explain ______________________________________________________________________

3. Employment:
   a. Taxpayer’s Employer ______________________________________________________________________
   b. Salary ______________________________________________________________________
   c. Spouse’s/SO’s Employer ______________________________________________________________________
   d. Salary ______________________________________________________________________

4. Other Income (list dollar amount below):
   a. Alimony ___________________________
   b. Child Support ___________________________
   c. Interest, Dividends or Investment Income ___________________________
   d. Retirement Income ___________________________
   e. Disability ___________________________
   f. Social Security & SSI ___________________________
   g. Veterans’ Benefits ___________________________
   h. Unemployment ___________________________
   i. Other, including self-employment income (explain) ___________________________
5. Social Services Received (qualify for, or receive any of the following—list dollar amount below):
   a. Welfare (AFDC) ________________________________ c. Other (explain) ________________________________
   b. Food Stamps ________________________________ d. Other (explain) ________________________________

6. Assets (list amount of current value below):
   a. Home ________________________________ d. Retirement Savings ________________________________
   b. Other Real Estate ____________________________ e. Other (explain) ________________________________
   c. Vehicles __________________________________ f. Other (explain) ________________________________

7. Liabilities (dollar amounts you owe on each of the following):
   a. Mortgage ________________________________ e. Medical Debts ________________________________
   b. Credit Cards ______________________________ f. State Tax ________________________________
   c. IRS __________________________________ g. Other (explain) ________________________________
   d. Auto Loan(s) _____________________________ h. Other (explain) ________________________________

8. Expenses
   a. Childcare ________________________________ e. Rent ________________________________
   b. Medical ________________________________ f. Mortgage Payment ________________________________
   c. Transportation _____________________________ g. Other (explain) ________________________________
   d. Education ________________________________

9. Do you, your spouse/SO or your dependents suffer from any significant disabilities? ________________________________

10. Have you discussed this matter with any other attorney? Give name of attorney and explain: ________________________________

PART II -- CASE INFORMATION & ISSUES

11. Number of Tax Periods at Issue: ________; list tax years: ________________________________

12. Are you currently or have you ever been levied? ________________________________

13. Is your case in (circle one): Audit or Exam Collections Tax Court Not Sure

14. Are you considering filing for bankruptcy? Yes No
15. Are you disputing your tax liability (i.e. you don't believe you actually owe)?  Yes   No

16. Do you agree that you owe the tax, but are unable to pay?   Yes   No

17. Are you seeking innocent spouse relief?   Yes   No

18. Do you owe tax to the State of Colorado?   Yes   No

If yes, for which years do you owe? ______________________________________________________

19. Do you need either Federal or State tax returns prepared*?   Yes   No

If yes, which years? _________________________________________________________________

*Please Note: The Clinic can only prepare current year (2014) returns in very limited circumstances.

20. Explain your IRS (and State tax, if applicable) issue:

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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.

Signature of Taxpayer: ________________________________________________________________

Date: ______________________________________________________________________________

Signature of Taxpayer’s Spouse (if applicable): ______________________________________________

Date: ______________________________________________________________________________