

PLEASE READ THIS PAGE BEFORE BEGINNING THE APPLICATION

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

INSTRUCTIONS AND DISCLOSURES

1. This application, not including this page, is three (3) 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. Representation does not begin until we have accepted your case and you and your clinic representative have signed a Power of Attorney (Form 2848).
8. 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.
9. 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.
10. If filling out this form electronically, please type you signature at the end of the document

PART I – TAXPAYER INFORMATION

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

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

Date of Birth (mm/dd/yy): ____/____/____ **Social Security No:** ____-____-____ **Male** **Female**

Relationship Status (select one): **Single** **Married; number of years:** _____ **Significant Other (SO)**
 Divorced **Legally Separated** **Widowed**

Address: _____ **Apt/Unit:** _____ **City:** _____ **St.:** _____ **Zip:** _____

Home/Cell: (____) _____ - _____ **Work:** (____) _____ - _____ **Email:** _____

Spouse/SO Last Name: _____ **First:** _____ **Middle Initial:** _____

Date of Birth (mm/dd/yy): ____/____/____ **Social Security No:** ____-____-____ **Male** **Female**

Address: **Same as above** **Different** _____

Home/Cell: (____) _____ - _____ **Work:** (____) _____ - _____ **Email:** _____

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

1. Current on all federal tax filings? **Yes** **No; years not filed:** _____

2. Dependents (individuals you support):

a. Number of children _____ b. Total household size _____

c. Others (i.e., parents, other relatives, specify) _____

d. Do all dependents live in home? If not, explain _____

3. Employment:

a. Taxpayer's Employer _____ b. Annual Salary _____

c. Spouse's/SO's Employer _____ d. Annual Salary _____

4. Other Income (list dollar amount below):

a. Alimony _____ b. Child Support _____

c. Social Security & SSI _____ d. Veterans' Benefits _____

e. Interest, Dividends or Investment Income _____ f. Unemployment _____

g. Retirement Income _____ h. Disability _____

i. Welfare (AFDC) _____ j. Food Stamps _____

k. Other, including self-employment (explain) _____

5. Assets (list amount of current value below):

- a. Home _____ b. Retirement Savings _____
c. Other Real Estate _____ d. Vehicles _____
e. Other (explain) _____

6. Debts (your balance owed on each of the following):

- a. Mortgage Balance _____ b. Credit Cards _____
c. IRS (Federal Tax) _____ d. State Tax _____
e. Student Loans _____ f. Medical Debts _____
g. Auto Loan(s) _____ h. Other (explain) _____

7. Monthly Expenses (dollar amounts you pay each month):

- a. Rent _____ b. Childcare _____
c. Medical _____ d. Mortgage _____
e. Transportation _____ f. Education _____
g. Other (explain) _____

8. Do you, your spouse/SO or your dependents suffer from any significant disabilities? No Yes: If yes, explain below:

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

PART II – CASE INFORMATION & ISSUES

10. Number of Tax Periods at Issue: _____; list tax years: _____

11. Are you currently or have you ever been levied (check all that apply)? Yes, by the State Yes, by the IRS No

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

13. Are you considering filing for bankruptcy? Yes No

If yes, where are you in the process? _____

14. Are you disputing your federal tax liability (i.e., you don't believe you actually owe)? Yes No

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

16. Are you seeking innocent spouse relief? Yes No

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

If yes, for which years do you owe? _____

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

If yes, which years for the State of Colorado? _____

If yes, which years for the IRS? _____

***Please Note:** The Clinic can only prepare current year (2016) returns in very limited circumstances.

19. Explain your IRS (and State tax, if applicable) issue in the box 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: _____