

Low Income Taxpayer Clinic

Application for IRS Controversy Services (not to file tax return)

Applicant Information

Full Name: _____ Date: _____
Last, First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Is this a cell phone? YES NO email: _____

Best time of day to call me: _____ Have you filed past 3 years tax return? YES NO

Consent to email communication? YES NO Years of IRS liability? _____

Amount of IRS liability for each year? _____

Were you married for tax years at issue? YES NO If yes, does your spouse live with you? YES NO

Spouse's name, phone, email: _____

Household Size and Income

How many people* live in your household? _____ * People you are financially responsible for and lived with you for > 6 months

Your monthly income**? _____ ** If self-employed, give your monthly net income

Monthly income from others in household: _____ Check all sources of income below:

- | | | |
|--|---|---|
| Earnings (W2) <input type="checkbox"/> | Self Employed <input type="checkbox"/> | Unemployment <input type="checkbox"/> |
| Cal Fresh <input type="checkbox"/> | Social Security/Pension <input type="checkbox"/> | Workers Comp <input type="checkbox"/> |
| Child Support <input type="checkbox"/> | Alimony <input type="checkbox"/> | Gifts (family/friends) <input type="checkbox"/> |
| Public Benefits <input type="checkbox"/> | Other <input type="checkbox"/> If other, explain: _____ | |

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand the clinic works with volunteers in order to be able to offers services for free. Volunteers have the same duty of confidentiality as the clinic attorney. I understand that false or misleading information in my application or interview may result in a termination of representation. I understand that completing an application does not begin an attorney-client representation.

I have enclosed copies of the IRS letters. YES NO

Signature: _____ Date: _____