

North Texas Collaborative Tax Institute, Inc.
Low Income Taxpayer Clinic

400 South Carroll Blvd. Suite 1000

Phone # 940-293-2201

www.ntcti.org

INITIAL CONTACT QUESTIONNAIRE

Taxpayer Name: (nombre del contribuyente)	Spouse's Name: (el/la cónyuge)
Taxpayer S.S.# (# S.S. del contribuyente)	Spouse's S.S.# (# S.S. del cónyuge)
Taxpayer's Date of Birth: (fecha de nacimiento del contribuyente)	Spouse's Date of Birth: (fecha de nacimiento del cónyuge)
Language taught at home as a child: (idioma aprendido en la casa)	Language taught at home as a child: (idioma aprendido en la casa)

PERSONAL INFORMATION

Marital Status: Single Married Divorced (estado civil: soltero casado divorciado) Widowed Separated (viudo separado) (Choose one) (elíge una)	White, Black, Hispanic, Asian, Native American (caucasiano, afroamericano, hispano, nativo Americano) Other: (Otra Raza:)	(Choose one) (elíge una)
Date of Marriage: (fecha de matrimonio)	Date of Divorce: (fecha de divorcio)	Date of Separation: (fecha de separación)
If Divorced, Name of Previous Spouse: (si está divorciado, nombre del cónyuge anterior)		
Male – Female (hombre o mujer) (Circle One)	Age: (edad)	Disabled: Yes No (discapacitado: sí no) (Circle One)
First Language: (primer idioma)		
Referred by: (referido por)		

1. Who Lives with you? (¿Quién vive con usted?)					
Name (nombre)	Relationship (relación)	SSN: (NSS)	Age (edad)	Income/ Assistance (ingresos/ayuda)	Do You Support Them? (¿Los mantienes?)

2. Do you support anyone who does not live with you? If yes, please list information below:
¿Mantienes a alguien que no vive con usted?

Name (nombre)	Relationship (relación)	SSN: (NSS)	Age (edad)	Address (dirección)

Do any of the people who live with you or anyone you help support suffer from any significant disabilities? YES NO (Circle One)
(¿Los que mantiene usted sufren de algunas discapacidades? Sí No)

Explain:
(Explique)

3. Are any of your relatives or those living with you currently represented by the Tax Clinic or have any relatives or others living with you ever been represented by the Tax Clinic? YES NO (Circle One)
(¿Usted o sus parientes o quienes viven con usted están representados por La Clínica de Impuestos o han sido representados alguna vez? Sí No)

EDUCATIONAL BACKGROUND

Do you have a high school education? (¿Tiene usted educación secundaria?)	YES (Sí)	NO (No)	(Circle One)
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If no, what grade did you complete? (Si no, ¿hasta qué nivel acabo?)	Grade: (Año:)
Have you attended Technical School? If yes, how long was the program and how much of it did you complete? YES NO (Circle One) (¿Ha atendido escuela técnica? Si sí, ¿cuánto duró el programa y cuanto del programa se completó?) (Sí No)	
Major: (especializad:)	Year Graduated: (año de graduación:)
Have you attended special training through your current or a previous employer? YES NO (¿Ha atendido entrenamiento especial para un empleador actual o pasado?) (Sí No)	
Type of Program: (tipo de programa:)	Year Attended: (año atendido:)
Have you attended College? If yes, how many years did you complete? 1 2 3 4 (¿Atendió a la Universidad? ¿Cuántos años completó)	
Major: (especialidad:)	Year Graduated: (año de graduación)
Comments:	

INCOME AND ASSISTANCE INFORMATION

Wage Income (Ingresos de Sueldo)	
Your Employer: (Su Empleador)	
Wages: (Sueldos)	\$ Yr. Mo. Wk. BiWk. Hr. (Circle One) Hrs. per wk.: (Anual Mensual Semanal Quincena Por hora Horas a la semana:)
Spouse's Employer: (Empleador del conyuge)	
Wages: (Sueldos:)	Yr. Mo. Wk. BiWk. Hr. (Circle One) Hrs. per wk.: (Anual Mensual Semanal Quincena Por hora Horas a la semana:)

Other Income (Otros Ingresos)	
Alimony (Pensión Alimenticia)	\$ Yr. Mo. Wk. BiWk. (Circle One) (Anual Mensual Semanal Quincena)
Child Support (manutención de hijos)	\$ Yr. Mo. Wk. BiWk. (Anual Mensual Semanal Quincena)
Retirement Income (Ingreso de Jubilación)	\$ Yr. Mo. Wk. BiWk. (Anual Mensual Semanal Quincena)
Disability (Discapacidad)	\$ Yr. Mo. Wk. BiWk. (Anual Mensual Semanal Quincena)
Social Security & SSI (Seguro Social & SIS)	\$ Yr. Mo. Wk. BiWk. (Anual Mensual Semanal Quincena)
Veteran's Benefits (Beneficios de Veterano)	\$ Yr. Mo. Wk. BiWk. (Anual Mensual Semanal Quincena)
Unemployment (Desempleo)	\$ Yr. Mo. Wk. BiWk. (Anual Mensual Semanal Quincena)
Rental, Interest Dividends or Other Investment Income (Ingresos Investiros)	\$ Yr. Mo. Wk. BiWk. (Anual Mensual Semanal Quincena)
Other (Otro)	\$ Yr. Mo. Wk. BiWk. (Anual Mensual Semanal Quincena)
Social Services Received – That You Qualify For Or Receive: (Servicios Social Recibido)	
Welfare (AFDC): (Beneficencia Social)	\$ Yr. Mo. Wk. BiWk. (Anual Mensual Semanal Quincena)
Food Stamps: (Cupones de Alimentos)	\$ Yr. Mo. Wk. BiWk. (Anual Mensual Semanal Quincena)
Medicaid: (Medicaid)	\$ Yr. Mo. Wk. BiWk. (Anual Mensual Semanal Quincena)
Other: (Otro)	\$ Yr. Mo. Wk. BiWk. (Anual Mensual Semanal Quincena)
Comments:	
Plains Coop Retirement: \$ (Jubilación de Plains Coop)	

ASSETS AND LIABILITIES

Bank Accounts (Cuentas de Banco)			
Bank (Banco)	Location (Localización)	Type of Account (Tipo de Cuenta)	Average Balance (Promedio de Balancea)
Real Estate (Bienes Inmuebles)			
Home Address: (Dirección)			Monthly Payment (Pago Mensual)
Mortgage Company: (Compañía de Hipoteca)			
Balance of Mortgage: (Balancia de la Hipoteca)		Current? Yes or No (¿Actual?) Sí o No	
Owe Past Due Property Taxes: Yes or No (Deudas de Impuestos de Propiedad) Sí o No		If yes, how much? (¿Cuánto?)	
Rent to Own: Yes or No? (Renta para Poseer) Sí o No			
Comments:			
Vehicles (Vehículo)			
Vehicle 1: (Año)Year:		(Modelo) Make/Model:	
Mileage: (Millaje)	Condition: Fair Good Excellent (Condición: Bueno Mejor Excelente)	Value: (Valor:)	
Loan Amount: (Préstamo)	Monthly Pmts: (Pagos Mensuales)	Months Remaining: (Meses Restantes)	
Insurance: (Asegurancia)	Fuel Cost: (Costo de Gasolina)	Maintenance Costs: (Costos de Mantenimiento)	
Comments:			

Vehicle 2: (Año)Year:		(Modelo) Make/Model:	
Mileage: (Millaje)	Condition: Fair Good Excellent (Condición: Bueno Mejor Excelente	Value: Valor:)	
Loan Amount: (Préstamo)	Monthly Pmts: (Pagos Mensuales)	Months Remaining: (Meses Restantes)	
Insurance: (Aseguración)	Fuel Cost: (Costo de Gasolina)	Maintenance Costs: (Costos de Mantenimiento)	
Comments:			
Other Liabilities (Otras Obligaciones)			
Credit Cards: (Tarjeta de Credito)	\$	Comments:	
IRS:	\$	Comments:	
Medical Debts: (Deudas Medicales)	\$	Comments:	
Other: (Otro)	\$	Comments:	
Comments:			
Other Expenses (Otros Gastos)			
Childcare (Cuidada de hijos)	\$	Comments:	
Medical (Medical)	\$	Comments:	
Transportation (Transportación)	\$	Comments:	
Education (Educación)	\$	Comments:	
Rent/Housing (Vivienda)	\$	Comments:	
Electricity (Electricidad)	\$	Comments:	

Gas (Gasolina)	\$	Comments:
Water (Agua)	\$	Comments:
Phone (Teléfono)	\$	Comments:
Other (Otro)	\$	Comments:
Other (Otro)	\$	Comments:
Other (Otro)	\$	Comments:
Comments:		

TAX HISTORY

		YES	NO
1.	a. Have you discussed this matter with any other Tax Professional? (¿Ha discutido esta información con otro asesor de impuestos?)		
	Comments:		
	b. Have you signed a Form 2848? (¿Ha firmado la forma 2848?)		
	Comments:		
2.	Are you withholding a sufficient amount of taxes to meet your income tax obligation for the current year? (i.e. When you complete your tax return, do you typically receive a refund or owe additional taxes?) (Cuando completa su declaración de impuestos, ¿recibe el reembolso o debe impuestos adicionales?)		
	Comments:		
3.	Have you filed all required income tax returns? (¿Ha llenado todas las declaraciones de impuestos necesarios?)		
	Comments:		
		YES	NO

4.	Did you include all income reported to you on a W-2 or 1099, including corrected forms? (¿Incluyo todo el ingreso reportado en el W-2 o 1099, incluyendo formas corregidas?)		
	Comments:		
5.	Have tax returns been filed by the due dates? (¿Han sido archivados las declaraciones de impuestos antes de la fecha de vencimiento?)		
	Comments:		
6.	Did you pay the balance of taxes due? (¿Pago las balanceas de impuestos?)		
	Comments:		
7.	Have you failed to receive an expected refund? (¿Ha esperado para que le lleguen reembolsos?)		
	Comments:		
8.	Have you previously signed an installment payment agreement with the I.R.S.? (i.e. Have you entered into an agreement that required periodic payments to the I.R.S.) (¿Ha hecho un trato con el IRS donde tiene que pagar en cuotas?)		
	Comments:		
9.	Are you currently making monthly payments to the IRS? (¿Está pagando cuotas mensuales al IRS?)		
	Comments:		
10.	Have you previously submitted an Offer in Compromise? (i.e. Have you previously submitted a request where you asked the I.R.S. to accept a payment of less than your full tax liability to satisfy your full liability?) (¿Ha solicitado un “Offer in Compromise”, donde se paga al IRS menos de lo que es su responsabilidad tributaria?)		
	Comments:		
11.	Have you received a 30-day letter for a previous year? (i.e. Have you received a letter from the I.R.S. stating that your tax return was being reviewed and you had 30 days to provide information to support the claims made to your tax return to request an Appeals Conference?) (¿Ha recibido una carta de 30 días?)		
	Comments:		

12.	Have you received a 90-day letter for a previous year? (i.e. Have you received a certified letter from the I.R.S. stating that your tax return was changed and you had 90 days to petition the U.S. Tax Court before additional taxes were assessed against you? The letter would have been titled a “Notice of Deficiency”.) (¿Ha recibido una carta de 90 días?)		
	Comments:		
13.	Have you previously filed a petition to the U.S. Tax Court? (¿Ha solicitado una petición al U.S. Tax Court?)		
	Comments:		
14.	If you operated a business, did you file all employment tax returns? (Si opero un negocio, ¿archivó todas las declaraciones de impuestos de los empleados?)		
	Comments:		
15.	Did you deposit the required employment taxes? (¿Depositó los impuestos de empleado necesarios?)		
	Comments:		
16.	Are you currently involved in a bankruptcy proceeding? (¿Está involucrado en un proceso de bancarrota?)		
	Comments:		
17.	Are you contemplating filing a bankruptcy petition? (¿Está pensando en solicitar bancarrota?)		
	Comments:		
18.	Have you previously filed a bankruptcy petition? If so, what year(s) did you file? (¿Ha solicitado la bancarrota? ¿Cuándo?)		
	Comment:		

ADDITIONAL SPACE FOR NOTES

