

North Texas  
**L.I.T.C.**  
*Low Income Taxpayer Clinic*

**INITIAL CONTACT FORM**

Date \_\_\_\_\_

Taxpayer (TP) Name \_\_\_\_\_ Language taught at home as a child: \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Widow/er \_\_\_ Divorced

Spouse \_\_\_\_\_ Language taught at home as a child: \_\_\_\_\_

If Divorced, Name of Previous Spouse: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnic Group: \_\_\_ Hispanic/Latino \_\_\_ Non-Hispanic/Latino

Veteran: \_\_\_ Yes \_\_\_ No      Dependent living with a Veteran: \_\_\_ Yes \_\_\_ No

How did you find out about the Tax Clinic: \_\_\_\_\_

Are there any reasonable accommodations needed to assist you? \_\_\_\_\_

Taxpayer S.S.#/ITIN # \_\_\_\_\_ Spouse S.S.#/ITIN # \_\_\_\_\_

Taxpayer Date of Birth: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact by Email? \_\_\_ Yes \_\_\_ No

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Preferred Method of Contact: \_\_\_ Home \_\_\_ Cell \_\_\_ Work \_\_\_ Email

Place of Employment (TP): \_\_\_\_\_ Hours Worked/Week: \_\_\_\_\_

Place of Employment (Spouse) \_\_\_\_\_ Hours Worked/Week: \_\_\_\_\_

Caller other than taxpayer: \_\_\_\_\_

Tax Year(s) in question: \_\_\_\_\_ Type of Tax Filing Form: \_\_\_\_\_

IRS Notice Received: 90 day \_\_\_\_\_ 30 day \_\_\_\_\_ Other \_\_\_\_\_

Date of last notice \_\_\_\_\_ Amount due: \_\_\_\_\_

Yearly Household Income: \_\_\_\_\_

<b>1. Who Lives with you?</b>					
Name	Relationship	SSN/ITIN #:	Age	Income/ Assistance	Do You Support Them?

  

<b>2. Do you support anyone who does not live with you? If yes, please list information below:</b>				
Name	Relationship	SSN/ITIN #:	Age	Address

Number of People in Household: \_\_\_\_\_ (# \_\_\_ Adults, # \_\_\_ Children)

Brief Description of Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Advise Taxpayer:
- \* If case is accepted, he/she will be represented by accounting students under supervision of licensed tax professional.
  - \* He/she must meet financial eligibility requirements.
  - \* We are independent of IRS and will be representing his/her interests.
  - \* We keep all information confidential.
  - \* Representation is free but incidental costs such as filing fees will be his/her responsibility.
  - \* We reserve the right to withdraw if at any time if it is discovered that the taxpayer has either intentionally or negligently misrepresented or omitted any material fact(s) regarding his/her case, including, but not limited to information pertaining to his/her personal and financial status.

Appointment Time/Date \_\_\_\_\_

Taxpayer should bring with him/her to the appointment:

- \* Tax return for year in question.
- \* Most current tax return
- \* All correspondence to and from the IRS.
- \* Any documentation he/she has to support case.

I (have read) (have had read to me) the entries recorded on the Initial Contact Form in the spaces provided for name, address, telephone and social security number. I (have verified this information) (have made the necessary corrections) and the personal information which appears above is accurate.

\_\_\_\_\_  
TAXPAYER

\_\_\_\_\_  
DATE

North Texas Low Income Taxpayer Clinic (“Clinic”) has been formed and is operated as a Section 501(c)(3) Charitable Organization.

This institution is an equal opportunity provider.

The Clinic, its employees and its volunteers are not endorsed by or affiliated with the IRS.