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CLIENT APPLICATION

TAXPAYER/SPOUSE INFORMATION:

TAXPAYER

Name: _____ DOB _____ SS# _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Cell# _____ Email: _____

Employer: _____ Occupation: _____

SPOUSE

Name: _____ DOB _____ SS# _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Cell# _____ Email: _____

Employer: _____ Occupation: _____

Number of Children _____ **Ages** _____

TAX SITUATION:

1) Are you current with your 1040 ES Quarterly Payments? _____

2) Are you withholding correctly on your W-4? _____

3) Are you being levied at this time? Bank or Wages? _____

4) Do you have a payment plan established? _____

Type of Tax in question: Personal / Corp / LLC / Sales / Payroll / Audit _____ years (Circle all that apply)

(Type) _____ Amount owed to IRS \$: _____ State \$: _____

Years owes for: _____

Years unfiled: _____ Tax Protestor? _____

(Type) _____ Amount owed to IRS \$: _____ State \$: _____

Years owes for: _____

Years unfiled: _____ Tax Protestor? _____

Last Contact from IRS : Letter / Call / Visit / Levy / Lien / Garnish Date: _____

Form # / Date / Deadlines: _____

Actions taken By IRS: _____

Previous promises – agreements? _____

What Led to Problem?:

Question #1. If you could wave a magic wand, what would the perfect outcome with the IRS look like?

Question # 2. Why haven't you gone ahead and taken care of this problem already?

Question #3. What's been holding you back?

How did you hear about us? _____

Referral: _____

DO NOT COMPLETE

IRS Transcript Evaluation _____

Unfiled Returns That Need to be Prepared _____

Offer in Compromise _____

Installment Agreement _____

Partial Pay Installment Agreement _____

Penalty Abatement _____

Currently Not Collectable _____

Audit Representation _____

Other (Describe) _____
