

CLIENT QUESTIONNAIRE FOR 2014 TAX PROBLEM RESOLUTION

Thank you very much for calling GINSBERG LAW OFFICES, P.C. for legal assistance relating to your tax problems. We can provide you with the most helpful and accurate advice only if we have a complete and accurate understanding of your current financial situation.

Please fill out this form as completely as possible. Please provide us with emergency phone or address contact information. If you have e-mail, please let us know - this is an excellent way for us to contact you and we can use e-mail to keep you up-to-date with legal topics of interest.

If you don't understand a question, please ask for assistance. We ask that you list each and every financial obligation you have in the "creditor boxes." If you need more space, please use the back or photocopy the page of boxes.

Please also remember to list every creditor to whom you are obligated. This means, for example, that if you have co-signed for your nephew's car loan, that car lien-holder is your creditor. Similarly, you should list debts even if you think the creditor has written off the loan or if you think that someone else may pay the bill in the future (i.e. a medical bill that may be covered by insurance). Please provide us with the correspondence address for each creditor rather than the billing address.

If you have copies of your bills, please bring them with you to our office. If necessary, we can assist you in requesting a credit bureau report. We also ask that you bring a paycheck stub or provide payroll information for both you and your spouse. Even if your spouse does not want to participate, we still need to know about your household expenses and income.

Again, thank you for choosing GINSBERG LAW OFFICES, P.C. We will make every effort to see to it that your experience as our client is a pleasant one. We thank you for allowing us to serve you.

Today's date: _____

How did you hear about Ginsberg Law? _____

Your Name (as it appears on Soc. Sec. Card): _____

Maiden name/former names: _____

Social Security Number: _____ Marital status: _____ Date of birth: _____

Your address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Work phone: _____ Cell: _____

E-Mail address: _____

Name and # of someone who could reach you in an emergency: _____

Marital status: _____

Spouse's Name: _____ Date of birth: _____ E-mail: _____

Spouse's maiden/former name: _____ Spouse's SS number: _____

Spouse's work phone: _____ Spouse's home address and home phone (if different from yours): _____

How long have you lived at your home address: _____ Rent or own? _____

If less than 2 years, please list previous addresses, beginning with the most recent:

Income Information

	Yourself	Spouse
Job title/occupation		
Employer		
How long there?		
Payroll address		
Name of HR supervisor		
Date next paycheck expected		

Children & Step-children

Name Age Relationship Does child live with you? Child support \$ paid/received

Expected changes in income:

Describe when & why:

Income

Yourself

Spouse

	Yourself	Spouse
How often are you paid		
Gross payment per paycheck		
Payroll deductions		
FICA (Social Security)		
Federal tax		
Medicare		
State tax		
Insurance		
Savings		
Union/uniform		
Pension/401(k)		
401(k) loan		
credit union savings		
credit union loan repay		
child support paid		
garnishments		

other (please describe)		
NET PAY PER PAYCHECK		

Other sources of income (please describe):

Expenses

	You	Spouse (if separate expense)
Food		
Clothing		
Laundry/dry cleaning		
Rent/mortgage		
Electric bill		
Natural gas bill		
Water/sewer		
Telephone (land line)		
Cell phone		
Cable TV		
Home maintenance		
Car/truck payment 1		
Car/truck payment 2		
Car/truck payment 3		

Gasoline		
Vehicle maintenance		
Car/truck insurance		
Health insurance (not payroll deducted)		
Dental insurance		
Long term care insurance		
Out of pocket medical per month		
Regular charity/church		
Rental/homeowners insurance		
Life insurance (term)		
Life insurance (whole life)		
Taxes (non-payroll)		
Child support paid out (not payroll deducted)		
Other court ordered payments		
After school/extracurricular expenses		
Child care		
Support for elderly or disabled		
Student loan payments		
Credit card payment		
Other		

Other		
Other		
TOTAL MONTHLY EXPENSES		

Emergency matters . . .

Are you currently facing a mortgage foreclosure: _____

If so, how do you know: _____

For what month is the foreclosure scheduled: _____

Are you currently facing a vehicle repossession: _____

If so, who is the finance company? _____

How far are you behind? _____

Yearly income

Year	Your Gross annual income	Where employed?	Spouse's gross annual income	Where is spouse employed?
2014 (expected)				
2013				
2012				
2011				
2010				
2009				

Tax Returns

Tax Year	Tax returns filed?	Date tax returns filed	If not filed, why not?	Notes
2013				
2012				
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
2003				

Has the IRS, State of Georgia or any other taxing entity ever advised you that a tax lien has been filed against you?

Within the last ten (10) years, have you or your spouse not filed tax returns? If so, please explain:

Have your wages ever been garnished by anyone?

Please identify any **real estate** that is or has been in your name within the last 5 years

Property address	Do you still own	Date sold/transferred	Current market value	Mortgage debt encumbering property

Please identify any **cars or trucks** you own.

Are you currently involved in a car accident claim, workers' compensation claim or any other claim that may result in money damages payable to you? If so, please describe:

Please identify any **bank accounts** you own.

Name of bank	checking/savings	In whose name	Current balance	Any loans with this bank?

Please identify any **pension, 401(k) or profit-sharing programs** in which you participate:

Other assets not yet described (i.e. boats, stocks/bonds, antiques, musical instruments, valuable collections, insurance policies with cash value, guns, sporting equipment, jewelry, etc.)

Recent activity

During the last 60 days, have you done any of the following:

	Yes/No	Name of lender/transferee	Amount borrowed or transferred
Used credit cards			
Taken cash advances			
Taken out new loans			
Sold any property			
Gave away any property			

Have you ever filed a Chapter 7 or a Chapter 13 bankruptcy before?

During the course of your case, you may be asked “what happened to cause you to have tax liability?” Please tell us in your own words what happened:

Have you received collection notices from the IRS, Georgia Department of Revenue or any other taxing authority. If so, please identify:

Is any of your tax liability joint with another person? If so, please explain:

Affirmation of Accuracy

I, the undersigned, hereby attest and affirm that I have fully disclosed all of my assets and have accurately scheduled my income and expenses.

I acknowledge that my attorneys rely on the information provided in this questionnaire in order to assist and advise me, and that it is my responsibility to provide my attorneys with a full, complete and accurate financial disclosure. I further agree to update my attorneys with regard to any incomplete information contained herein.

I further acknowledge that in the event that information provided herein is not accurate, my proposal to the taxing authorities for an offer in compromise, installment agreement or penalty abatement may be rejected and that I could be subject to criminal prosecution for intentional and/or deliberate misrepresentation.

Date _____

Signature _____

Date _____

Signature _____