

MARTELLE LAW OFFICES, P.A.

Referred by: Impact Yellow Book Qwest Received letter Internet Other: _____

Date: _____

Name: _____ Preferred Name: _____

Spouse: _____ Preferred Name: _____

Address: _____

City: _____ Zip: _____ Email: _____

How long have you been a resident of Idaho? _____

Best Person to Reach: Husband Wife Best Phone Number to be Reached at: _____
Circle one: Home Cell Work

Additional Phone Numbers: _____
Circle one: Home Cell Spouse Cell Work

Long Term Contact Information (Friend or Relative): Name: _____ Phone: _____

- CONFIDENTIAL -
The information you provide will be held confidential and is protected by Attorney/Client Privilege

Employed by (Husband): _____ Income: Gross per Month: _____ Net per Month: _____

Employed by (Wife): _____ Income: Gross per Month: _____ Net per Month: _____

Self Employed? Yes No Do you have Employees ? Yes No

Title: _____

Birth date: _____ Spouse's birth date: _____

Other Source(s) of income: _____ Amount: _____

Do you have children under 18, living with you? _____ How many? _____

Have you ever filed bankruptcy? _____ When? _____ CH. 7 or CH. 13? _____

PERSONAL INFORMATION

Family Status

- | | |
|---|--|
| <input type="checkbox"/> Never Married
<input type="checkbox"/> Married, living apart
<input type="checkbox"/> Divorced | <input type="checkbox"/> Married, living together
<input type="checkbox"/> Living with a domestic partner
<input type="checkbox"/> Widowed |
|---|--|

If divorced, when did it become final? _____

Debt, Expenses and Assets	Monthly Payment(s)	Balance Owed	Current Value	Months Behind
Do you <input type="checkbox"/> own or <input type="checkbox"/> rent a home				
2 nd Mortgage				
Car 1 Year: Make: Model:				
Car 2 Year: Make: Model:				
Car 3 Year: Make: Model:				
Other (boats, trailers, motorcycles)				
Other Items of Value				
Total Credit Card Debt				
Finance Companies				
Student Loan				
Medical Bills				
Other				

Monthly Expenses	Monthly Payment	Months Behind
Utilities		
Telephone		
Upkeep		
Child/ Spousal Support		
Transportation		
Garnishments		
Other		

Retirement: (Stocks, Bonds, CDs, 401(k), IRAs, etc.	Current Value	Loan Balance
Type:		
Have you withdrawn money from these accounts since the time that you acquired your tax debt? Yes <input type="checkbox"/> No <input type="checkbox"/>		

- Yes No Have you sold, transferred, or closed any business (or an interest in) with in the past three years?
- Yes No Have you cosigned on a loan for anyone else?
- Yes No Do you have your name on any other persons bank account, real property, or vehicle title?
- Yes No Are you suing anyone or have the right to sue them?
- Yes No Have you filed all tax returns for the past three years?
- Yes No Have you made any major purchases (over \$200) on any credit card in the past 90 days?
- Yes No Have you taken any cash advances in the past 90 days?
- Yes No Have you made any balance transfers on any credit card in the past 90 days?
- Yes No Do you owe any money from a marital settlement or judgment of divorce?
- Yes No Have you been ordered to pay childe or spousal support? Yes No Is any support past due?
- Yes No Does anyone owe you money for any reason?
- Yes No Do you have any tax refunds due to you at this time?
- Yes No Have you changed any payroll deduction with in the past six months?
- Yes No Have you set up a trust in the past 10 years?
- Yes No Do you receive any income from a trust or annuity?
- Yes No Do you have income from royalties, gas or mineral rights, copyrights, license agreements, or patents; either now or in the future?
- Yes No Do you have a life estate or the right to use anyone else’s property?
- Yes No Do you own any stocks or bonds?
- Yes No Do you have a storage unit? If so, what is in it? _____
- Yes No Do you have a safety deposit box? If so, what is in it? _____
- Anything else that you think the attorney should be made aware of? _____

- PERSONAL TAX INFORMATION -

Do you have any Tax Liens? Yes No Who? _____ How much? _____

Do you have Notices of Levy? Yes No Who? _____ How much? _____

Below: Put the amount down that the State Tax Commission or IRS claims you owe personally.

PERSONAL	IRS		STATE	
Tax Year Form 1040	(F) Filed or (U) Unfiled	Amount Owed	(F) Filed or (U) Unfiled	Amount Owed
2008				
2007				
2006				
2005				
2004				
2003				
2002				
2001				
2000				
1999				
1998				
1997				

Adjusted Gross Income (Line 37 on Tax Return): 2008 _____ 2007 _____

- FOR OFFICE USE ONLY -

Date: _____

Name: _____

<input type="checkbox"/> Retained	<input type="checkbox"/> Will be retained	<input type="checkbox"/> May be retained	<input type="checkbox"/> Not retained	<input type="checkbox"/> No services needed	<input type="checkbox"/> Other (see notes)	<input type="checkbox"/> No Letter
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Notes

<input type="checkbox"/> 433-A	<input type="checkbox"/> 433-B	<input type="checkbox"/> STC SFS	<input type="checkbox"/> IA Package	<input type="checkbox"/> OIC Package	<input type="checkbox"/> 30 Day Letter	<input type="checkbox"/> IRS	<input type="checkbox"/>
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Prep BK	CH. 7	CH. 13	Other

Paid: To be Paid:

Power of Attorney <input type="checkbox"/> State <input type="checkbox"/> Federal	Request Transcripts <input type="checkbox"/> State <input type="checkbox"/> Federal
SSN:	Internal Revenue Service: <input type="checkbox"/> MFTRA- X <input type="checkbox"/> W2/1099
Spouses SSN:	State Tax Commission: <input type="checkbox"/> W2/1099 <input type="checkbox"/> Record of Account
Business Name:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint (husband & wife) <input type="checkbox"/> Business
EIN:	Tax Type: <input type="checkbox"/> Income (1040) <input type="checkbox"/> Employment (940/941) <input type="checkbox"/> Other
Tax Years:	Tax Years:

Tax Returns to be Prepared <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____	Appt: _____