

# 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      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? \_\_\_\_\_

| Debt, Expenses & Assets   | Monthly Payment(s) | Balance Owed | Current Value | Months Behind |
|---|--------------------|--------------|---------------|---------------|
| Do you <input type="checkbox"/> own or <input type="checkbox"/> rent a home |                    |              |               |               |
| 2 <sup>nd</sup> 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 |
|-------------------|-----------------|---------------|
| Medical Insurance |                 |               |
| Life Insurance    |                 |               |
| Child Support     |                 |               |
| 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"/> |               |              |

**- PERSONAL TAX INFORMATION -**  
(Business information on next page)

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<br>Form 1040 | (F) Filed<br>or (U)<br>Unfiled | Amount Owed | (F) Filed<br>or (U)<br>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 \_\_\_\_\_

**-BUSINESS TAX INFORMATION-**

Please fill out if you are or were in business for yourself

Name of Business: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

**Date Business Opened:** \_\_\_\_\_ **Date Business Closed:** \_\_\_\_\_

Type: Corp \_\_\_ LLC \_\_\_ Partnership \_\_\_ Sole Prop \_\_\_

Below: Put down the amount the IRS or State Tax Commission claims the business owes.

| PAYROLL TAX              | IRS                            |             | STATE                          |             |
|--------------------------|--------------------------------|-------------|--------------------------------|-------------|
| Tax Year<br>Form 940/941 | (F) Filed<br>or (U)<br>Unfiled | Amount Owed | (F) Filed<br>or (U)<br>Unfiled | Amount Owed |
| 2009                     |                                |             |                                |             |
| 2008                     |                                |             |                                |             |
| 2007                     |                                |             |                                |             |
| 2006                     |                                |             |                                |             |
| 2005                     |                                |             |                                |             |
| 2004                     |                                |             |                                |             |
| 2003                     |                                |             |                                |             |
| 2002                     |                                |             |                                |             |
| 2001                     |                                |             |                                |             |
| 2000                     |                                |             |                                |             |
| 1999                     |                                |             |                                |             |
| 1998                     |                                |             |                                |             |

If you have Employees:

Are you current for your last 3 months of payroll deposits? \_\_\_\_\_

Have you filed your last Form 941, Payroll Withholding Return? \_\_\_\_\_

If you do not have employees:

Have you made estimated deposits for this year?  Yes  No If yes, amount per quarter? \$ \_\_\_\_\_

- 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 |
|-----------------------------------|---|--|---------------------------------------|---|--|------------------------------------|

Notes

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|                                |                                |                                  |                                     |                                      |  |                              |                          |
|--------------------------------|--------------------------------|----------------------------------|-------------------------------------|--------------------------------------|--|------------------------------|--------------------------|
| <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"/> |
|--------------------------------|--------------------------------|----------------------------------|-------------------------------------|--------------------------------------|--|------------------------------|--------------------------|

| Analysis   | IRS | STC | Other |
|--|-----|-----|-------|
| <input type="checkbox"/> IRS<br><input type="checkbox"/> State |     |     |       |

Paid: \_\_\_\_\_  
 To be Paid: \_\_\_\_\_

|  |   |
|--|---|
| <b>Power of Attorney</b> <input type="checkbox"/> State <input type="checkbox"/> Federal | <b>Request Transcripts</b> <input type="checkbox"/> State <input type="checkbox"/> Federal                                    |
| SSN:   | <b>Internal Revenue Service:</b> <input type="checkbox"/> MFTRA- X <input type="checkbox"/> W2/1099                           |
| Spouses SSN:   | <b>State Tax Commission:</b> <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: _____ |
|   |             |