

LAW OFFICES *of*  
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LEE** P.C.

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PROACTIVE TAX STRATEGIES

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## TAX ORGANIZER FOR COUPLES

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**NATIONAL  
HEADQUARTERS**

**907.339.9931**

225 E. Fireweed Ln.  
Ste. 200  
Anchorage, AK 99503

**TEXAS**

**817.504.6075**

777 Main St.  
Ste. 600  
Fort Worth, TX 76102

**HAWAII**

**808.366.1188**

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**CHRISTY LEE**

Licensed in Alaska and Texas

**PAULA MOORE**

Licensed in Texas

**MEGHAN RAE**

Licensed in Hawaii and Washington

Please neatly complete this intake sheet, fax it (or scan and email it) to the office prior to your consultation, or bring it with you to your consultation. Do not leave any question blank; use "none" or "N/A" instead if appropriate.

You can scan and email this to Laura Hogins at [lhogins@christyleelaw.com](mailto:lhogins@christyleelaw.com) (preferred method of delivery). Or you can fax it to us (without a cover sheet). The fax number is: 800-437-7901.

Also, please email or fax us the following, or bring to the meeting: (1) last 3 years of income tax returns, personal and business; (2) all correspondence from the IRS; and (3) anything else you believe we need to review.

**PERSONAL INFORMATION**

**CLIENT**

**SPOUSE**

Full Name:		
Also Known As:		
Birth Date:		
Citizenship:		
Social Security Number:		
Driver's License & State		
Home Address:		
Mailing Address:		
Home Phone No.:		
Cell Phone No:		
E-Mail Address:		
Preferred Form of Contact:	_____ Phone _____ E-mail	_____ Phone _____ E-mail
Employer's Name:		
Occupation:		

**BUSINESS OWNERSHIP, IF APPLICABLE**

Full Legal Name of Business: \_\_\_\_\_  
EIN: \_\_\_\_\_  
Service: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**CONSULTATION INFORMATION**

Describe the reason for your consultation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your goals and expectation for your consultation with us: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had contact with the IRS? Please circle:                      YES                      NO

If YES,  
Name of Government Agency and Representative: \_\_\_\_\_  
Office: \_\_\_\_\_  
Result/Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received any IRS letters regarding Liens, Levies, or outstanding balances? (\*\* If yes, please send a copy of the notice to the Law Office with this intake form\*\*)

\_\_\_\_\_

Is there a Federal tax lien filed against you anywhere? If so provide details.

\_\_\_\_\_

Are you party to a lawsuit? If yes, explain.

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Number of Dependents in your residence: \_\_\_\_\_

Student Loan Debt

H: \_\_\_\_\_ W: \_\_\_\_\_

Alimony/Child Support

H: \_\_\_\_\_ W: \_\_\_\_\_

Have you ever filed Bankruptcy? When? Chapter? \_\_\_\_\_

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Have you filed all required income tax returns? If not, explain in detail why the returns were not filed, whether you have all your income and deductions information for preparation of those returns, or whether you have the returns prepared and just have not filed them with the Internal Revenue Service (include all relevant income and business tax returns that have not been filed).

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If you have filed the tax returns but have not paid them, list which years are filed but not paid and approximately how much is owed (including penalties and interest) on a year-by-year basis.

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## FINANCIAL INFORMATION

### GROSS ANNUAL INCOME

Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

#### Owner Codes:

C = Client	CP = Community Property
S = Spouse	TIC = Tenants in Common (no right of survivorship)
JWROS = Joint (with right of survivorship)	O= Other
JWOROS = Joint (without right of survivorship)	

Please answer to the best of your ability. Don't worry if you don't know which Owner Code is applicable.

### PERSONAL RESIDENCE/REAL PROPERTY

General Description and/or Address	Owner Code	Market Value	Loan Balance
	<i>Total</i>		

### FURNITURE AND PERSONAL EFFECTS

List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property

Description	Owner Code	Market Value
Miscellaneous Furniture and Household Effects (Total)		
	<i>Total</i>	

**AUTOMOBILES**

This includes watercraft, airplanes, trailers, and motorhomes. If you have more than two cars, please list the below information on a separate document and attach at the end of the organizer.

**CAR #1:**

Primary Color \_\_\_\_\_ Mileage \_\_\_\_\_ Weight \_\_\_\_\_

License Plate Number \_\_\_\_\_ VIN \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Style \_\_\_\_\_

Value of Car \_\_\_\_\_ Loan Balance \_\_\_\_\_

Titled (please circle):       SOLE               JOINT

If titled solely, please list name that is on the title: \_\_\_\_\_

**CAR #2, IF APPLICABLE:**

Primary Color \_\_\_\_\_ Mileage \_\_\_\_\_ Weight \_\_\_\_\_

License Plate Number \_\_\_\_\_ VIN \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Style \_\_\_\_\_

Value of Car \_\_\_\_\_ Loan Balance \_\_\_\_\_

Titled (please circle):       SOLE               JOINT

If titled solely, please list name that is on the title: \_\_\_\_\_

**BANK ACCOUNTS**

Checking Account, Savings Account, Certificates of Deposit, and Money Market accounts. Do not include Retirement Plans.

Institution	Name on Account	Account Number	Account Type	Account Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<b>Total:</b>	_____

**CREDIT**

List all lines of credit and bank issued credit cards:

<b>Institution</b>	<b>Name on Account</b>	<b>Account Number</b>	<b>Credit Limit</b>	<b>Account Owed</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<b>Total:</b>	_____

**INVESTMENT ACCOUNTS**

List any and all accounts which you hold marketable securities: stocks, corporate bonds, municipal bonds, mutual bonds. Do not include Retirement Plans under this section.

<b>Institution</b>	<b>Name on Account</b>	<b>Account Number</b>	<b>Account Type</b>	<b>Value</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<b>Total:</b>	_____

**RETIREMENT ACCOUNTS**

Plan Type Code: Pension (P), Profit Sharing (PS), IRA (IRA), SEP IRA (SEP), Roth IRA (Roth), 401(K).

<b>Plan Administrator/Custodian</b>	<b>Plan Type</b>	<b>Insured</b>	<b>Beneficiaries</b>	<b>Death Benefit</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<b>Total:</b>	_____

**LIFE INSURANCE POLICY**

Policy Type Code: Term (T), Whole Life (WL), Split Dollar (SD), Group Life (GL), Annuity (A).

Insurance Name \_\_\_\_\_ Name on Policy \_\_\_\_\_  
Policy Number \_\_\_\_\_ Policy Type \_\_\_\_\_  
Current Cash Value \_\_\_\_\_ Outstanding Loan Balance \_\_\_\_\_

Insurance Name \_\_\_\_\_ Name on Policy \_\_\_\_\_  
Policy Number \_\_\_\_\_ Policy Type \_\_\_\_\_  
Current Cash Value \_\_\_\_\_ Outstanding Loan Balance \_\_\_\_\_

**Total:** \_\_\_\_\_

**OTHER ASSETS:**

Other property is any property that you have that does not fit into any listed category.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total:** \_\_\_\_\_

Tell us anything you believe is relevant to your financials situation, your debts, and/or assets:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions for Attorney/Tax Consultant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_