LAW OFFICES of CHRISTY LEE P.C.
CHRISTY L. LEE ATTORNEY
OFFICE 907.339.9931
FAX 800.437.7901
clee@christyleelaw.com
christyleelaw.com
PROACTIVE TAX STRATEGIES

CONFIDENTIAL TAX ORGANIZER

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
74 Kihapai St.
Kailua, HI 96734

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 (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

Full Name: ______________________

Also Known As: ______________________

Birth Date: ______________________

Citizenship: ______________________

Social Security Number: ______________________

Home Address: ______________________

____

Mailing Address: ______________________

____

Home Phone No.: ______________________

Cell Phone No: ______________________

E-Mail Address: ______________________

Preferred Form of Contact: ___________ 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.

____

____

____

Number of Dependents in your residence: ____________________

Student Loan Debt: ___________________________________

Alimony/Child Support: ___________________________________

Have you ever filed Bankruptcy? When? Chapter? ____

____

____

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).

____

____

____

____

____

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.

____

____

____

____

____

FINANCIAL INFORMATION

GROSS ANNUAL INCOME: ______________________________

Owner Codes:

S = Self
TIC = Tenants in Common (no right of survivorship)
O = other

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
	Total		

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)		
	Total	

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 jointly, please list names that are 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 jointly, please list names that are 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
			Total:	

CREDIT

List all lines of credit and bank issued credit cards:

Institution	Name on Account	Account Number	Credit Limit	Account Owed
			Total:	

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.*

Institution	Name on Account	Account Number	Account Type	Value
			Total:	

RETIREMENT ACCOUNTS

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

Plan Administrator/Custodian	Plan Type	Insured	Beneficiaries	Death Benefit
			Total:	

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:

____

____

____