

**New Hampshire Pro-Bono Referral Program
Low-Income Taxpayer Clinic
Intake Form**

Name: _____ Date of Birth: _____
 Street Address: _____
 City/Town: _____ Zip Code: _____
 Home Phone: _____ Cell phone: _____
 Email address (if checked daily): _____
 Is your earning capacity affected by a disability? _____ Are you a veteran? _____
 Would you like a translator? _____ If so, for what language? _____
 Marital Status: ___ Never Married ___ Married, since _____
 ___ Separated, since _____ ___ Divorced, since _____
 ___ Widowed, since _____
 Gender: _____
 Have you ever received services from Pro Bono before? _____ If so, when? _____

Other Household* Members (if any)

Name	Date of Birth	Relation to You

*Please only include people you support or people who pay bills with you out of shared income; please do not include roommates.

Financial Information

(for you and for any household members who are *related to you*)

Type of Income (wages, self-employment, Social Security, pension, etc.)	Monthly Amount*	Whose Income	Assets	Amount/ Value
			Checking	
			Savings	
			Investments	
			Retirement Fund	
			House Equity	
			Vehicle	
			Vehicle	
			Other:	
			Other:	
Total Monthly Income:			Total Assets:	

*Please list **gross** wages, but **net** self-employment income.

Tax Issue Information

- 1) Have you filed tax returns for all years required? Yes No Unsure
If not, which year(s) are missing? _____
- 2) Have you received a letter from the IRS? Yes No
If so, what tax year(s) is it for? _____
Who is it addressed to? Self Self + Spouse Self + Ex-Spouse
What does the letter say? Please mark all that apply:
 Requests documents or more information
 Requests you to attend an interview
 Notice of a lien
 Notice of a levy
 States you have 30 days to appeal
 States you owe \$ _____ to the IRS
 Other: _____
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- 3) Have you received a phone call from the IRS? Yes No
If so, what did the IRS representative say?

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- 4) For the tax return(s)/year the IRS is questioning, how did you file?
 Head of Household Single
 Married, filing jointly* Married, filing separate*
*Are you still married to the same person? Yes No
If not, what is your ex-spouse's name? _____
- 5) Have you ever filed for bankruptcy? Yes (If yes, when? _____) No
6) Have you ever been through foreclosure? Yes (If yes, when? _____) No
7) What else should we know about your case? (Add additional pages if needed.)

- 8) How did you hear about the Low-Income Taxpayer Project? _____

I, _____ attest that the above information is correct and accurate to my knowledge. I promise to inform Pro-Bono if any of the above information changes.

Signature

Date

Please call 228-6028 if you have questions about this form.

Please return this application **with copies of all IRS correspondence** to:

Low-Income Taxpayer Project,
New Hampshire Bar Association
2 Pillsbury Street, Suite 300
Concord, New Hampshire 03301

Low-Income Taxpayer Project Client Agreement Form

(NOTE: *We will not consider your application for our services unless you sign and return this agreement* to the Low-Income Taxpayer Project, 2 Pillsbury Street, Suite 300, Concord, NH 03301-3502. Thank you!)

I, _____ (your name), understand that I am applying for services with the New Hampshire Pro Bono Referral Program's Low-Income Taxpayer Project (LITP). **If the LITP approves my application**, LITP may refer my case to a volunteer* tax professional for assistance with a federal income tax controversy. I understand a volunteer may ask me to sign a separate agreement. *(A court or administrative body may award fees to a volunteer.)

The LITP is a private, non-profit organization funded by grants and donations to help low-income people receive help from LITP staff and volunteer tax professionals. In signing this agreement, I understand that LITP volunteers are UNPAID professionals who donate their time to help low-income people with federal income tax problems. In return for possible assistance, I agree as follows:

- **Scope of Service/Representation.** The LITP and its volunteers will consider helping me based on information I give the LITP or a referring program, such as the Legal Advice and Referral Center. I understand that LITP services may be limited to helping me with only part of my case. Moreover, after learning more details about my case, LITP staff and volunteers may decide not to provide further services.
- **Confidentiality.** LITP staff may discuss details of my case with volunteers and potential volunteers, but only as necessary to help me. LITP staff will protect my confidential information.
- **Cooperation.** I agree to cooperate fully and promptly with the LITP staff and any volunteer assigned to me. I will contact staff and volunteers only as necessary and with courtesy, keep all appointments, respond promptly to all staff and volunteer communications, answer all staff and volunteer questions thoroughly, provide a reliable means of communication, disclose important details about my case, follow instructions, and tell staff and volunteers if my contact information or financial situation changes. I will tell the LITP immediately if I decide to hire a tax professional on my own or not pursue my case. I understand that if I fail to cooperate fully, the LITP or its volunteers may choose to stop helping me with my case.
- **Payment of Expenses.** I understand I may be held responsible for reimbursement of filing or sheriff's fees and out-of-pocket expenses, such as document photocopying costs and/or appraisal fees.

“I have read the above terms, and I understand and agree with them.”

Your Name (Signature): _____ Date: _____

Your Name (Printed): _____

IF you are a United States citizen, please check the box below and sign your name.

I am a citizen of the United States of America.

Your Name (Signature): _____ Date: _____

Your Name (Printed): _____