

**University of Baltimore**  
**Low Income Taxpayer Clinic**  
**Client Intake Sheet**

**Date of Potential Client's Initial Contact:** \_\_\_\_\_

**Initial Contact By:** \_\_\_\_\_

**Potential Client Interviewed By:** \_\_\_\_\_

**POTENTIAL CLIENT:**

**Full Name:** \_\_\_\_\_

**Organization (if any):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number: (home)** \_\_\_\_\_ **(work)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**Good times to call:** \_\_\_\_\_ **OK to leave message?** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**What language do you speak at home?:** \_\_\_\_\_

**How did you hear about the Clinic?:** \_\_\_\_\_

**Please give a brief explanation of why you contacted the Clinic or your tax issue:** \_\_\_\_\_

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

**When you come in for your initial interview, please provide any correspondence you have received from the Internal Revenue Service.**

1. **Amount in Dispute**

Please indicate the amount of money either the Internal Revenue Service claims you owe, or that you believe is owed, for each year that is in dispute.

<u>Tax Year</u>	<u>Amount Owed or In Dispute</u>

*The Administrative Assistant or other individual handling the initial contact should complete this chart with the client's input. The individual conducting the intake interview should review and confirm this information with the potential client. For further information, please refer to 26 U.S.C. § 7526.*

**I have reviewed the amount in controversy information listed above, and to the best of my knowledge, it is true and correct.**

**Date:** \_\_\_\_\_ **Initial Contact:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Taxpayer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Taxpayer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Interviewer:** \_\_\_\_\_

2. **Annual Income**

The University of Baltimore School of Law Tax Clinic receives a federal grant to operate. Substantially all of our clients must meet the income guidelines below or we will jeopardize our funding. To be eligible for representation by the Clinic, the amount of total household income that you and your family expect to receive during this year (1/1/15 through 12/31/15) must not be greater than the amounts listed in the following chart:

**2015 LITC Income Guidelines**

# of FAMILY MEMBERS	INCOME CANNOT EXCEED	POTENTIAL CLIENT'S ACTUAL HOUSEHOLD INCOME
---------------------	----------------------	--

1	\$29,425	
2	\$39,825	
3	\$50,225	
4	\$60,625	
5	\$71,025	
6	\$81,425	
7	\$91,825	
8	\$102,225	
For each additional person, add	\$10,400	

*The Administrative Assistant or other individual handling the initial contact should complete this chart using the charts on Pages 4-7. The individual conducting the intake interview should review and confirm this information with the potential client. For further information, please refer to 26 U.S.C. § 7526.*

**I have reviewed the income information listed above, and to the best of my knowledge, it is true and correct.**

**Date:** \_\_\_\_\_ **Initial Contact:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Taxpayer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Taxpayer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Interviewer:** \_\_\_\_\_

To help us determine whether you qualify for representation by the Tax Clinic, please answer the following questions. For some questions, we may ask you to estimate the amounts you may earn or receive through the rest of 2015. Please use your best efforts to do so.

**2-A. Family Members:**

Please identify all persons with whom you live that are related to you by birth, marriage or adoption.

*Attach additional copies of this page as needed.*

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>SSN</u>

**2-B. Income**

**For yourself and all persons listed above as family members, please include (a) the amounts of the following kinds of income (total cash receipts before taxes) that you have received up through today's date, and (b) the total amounts of the following kinds of income that you expect to receive during 2015:**

<b>Type of Income</b>	<b>Self</b>	<b>Spouse</b>	<b>Other*</b>
<b>Wages/salaries, gross before deductions</b>	\$	\$	\$
<b>Net Earnings from Self-Employment (gross receipts less business expenses)</b>	\$	\$	\$
<b>Alimony</b>	\$	\$	\$
<b>Child support</b>	\$	\$	\$
<b>Federally Funded and Other Public Assistance (see sub-chart below)</b>	\$	\$	\$
<b>Social Sec or SSI</b>	\$	\$	\$
<b>Retirement Income/Pension</b>	\$	\$	\$
<b>Unemployment Benefits</b>	\$	\$	\$
<b>Workers' Compensation</b>	\$	\$	\$
<b>Rents</b>	\$	\$	\$
<b>Royalties</b>	\$	\$	\$
<b>Scholarships</b>	\$	\$	\$
<b>Dividends</b>	\$	\$	\$
<b>Interest</b>	\$	\$	\$
<b>Net Gambling Winnings</b>	\$	\$	\$
<b>Survivor Benefits/Annuity Payments</b>	\$	\$	\$
<b>TOTAL INCOME</b>	\$	\$	\$

<b><u>Public Assistance:</u> (excluding child care vouchers or subsidies)</b>	\$	\$	\$
<b>Food Stamps</b>	\$	\$	\$
<b>Medicaid</b>	\$	\$	\$
<b>Other</b>	\$	\$	\$

*\* Attach additional copies of the charts as needed for additional household members.*

*The Administrative Assistant or other individual handling the initial contact should complete these charts with the potential client's input. The individual conducting the intake interview should review and confirm this information with the potential client. For further information, please refer to 26 U.S.C. § 7526.*

**I have reviewed the income information listed above, and to the best of my knowledge, it is true and correct.**

**Date:** \_\_\_\_\_ **Initial Contact:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Taxpayer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Taxpayer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Interviewer:** \_\_\_\_\_

**You must provide us with documentary proof of your income, including the most recent pay stubs, social security benefit statements, last year's Forms W-2 and/or Forms 1099, and your most recently-filed federal income tax return.**

**I have reviewed the information listed on the entirety this form, and to the best of my knowledge, it is true and correct.**

**Date:** \_\_\_\_\_ **Intake:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Taxpayer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Taxpayer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Interviewer:** \_\_\_\_\_

---

Internal Use:

**FILE MATTER INFORMATION**

**Recommendation:**    Accept                    Do Not Accept                    (circle one)

\_\_\_\_\_ Date of Recommendation

**Decision:**    \_\_\_\_\_ Accepted

\_\_\_\_\_ Date Accepted

\_\_\_\_\_ Not Accepted

Basis (Circle one):

- 1 - Did not meet income limits
- 2 - Not a tax controversy
- 3 - Only needs returns prepared
- 4 - Referred to another attorney/legal services provider
- 5 - Did not return call/failed to come to appointment
- 6 - Case would not provide pedagogical value to students

7- Other (specify): \_\_\_\_\_

**File Type:**    \_\_\_\_\_ Tax-Collection

\_\_\_\_\_ Tax-Lit

**CLINIC ATTORNEYS:**

Student Counsel: \_\_\_\_\_

Additional Counsel: \_\_\_\_\_

Supervising Attorney: \_\_\_\_\_