

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: _____

How would you like us to contact you when we have an option? (phone, e-mail, regular mail)?: _____

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> |
|-----------------|----------------------------------|
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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 (1/1/20 through 12/31/20) must not be greater than the amounts listed in the following chart:

2020 LITC Income Guidelines

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

| | | |
|--|------------------|--|
| 1 | \$31,900 | |
| 2 | \$43,100 | |
| 3 | \$54,300 | |
| 4 | \$65,500 | |
| 5 | \$76,700 | |
| 6 | \$87,900 | |
| 7 | \$99,100 | |
| 8 | \$110,300 | |
| For each additional person, add | \$11,200 | |

The Administrative Assistant or other individual handling the initial contact should complete this chart using the charts on Pages 4-6. 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 2020. Please use your best efforts to do so.

2-A. Household 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> |
|-------------|---------------------|----------------------|------------|
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Other Family Members:

Please identify any spouse, ex-spouse, or child of yours who does NOT live with you.

Attach additional copies of this page as needed.

| <u>Name</u> | <u>Relationship</u> | <u>Date of Birth</u> | <u>SSN</u> |
|-------------|---------------------|----------------------|------------|
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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 2020:

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

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

** 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 federal 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): _____

Conflicts Check: Performed by _____ on _____
Attach results of conflicts check to this form.

CLINIC ATTORNEYS:

Student Counsel: _____

Additional Counsel: _____

Supervising Attorney: _____