Case ID:_____

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FAX: 888-879-7717

QUESTIONNAIRE - RESOLUTION INFORMATION PACKET

FOR INDIVIDUALS AND SOLE PROPRIETORSHIPS

In order to achieve the best possible resolution with the Internal Revenue Service, please complete the following questionnaire as completely as possible.

SECTION I: PERSONAL INFORMATION

1a: Full Name of Taxpayer: _____

Full Name of Spouse: _____

1b : Complete Address: _____

_____

_____

County: _____

1c : Home Phone: _____

1d : Cell Phone _____

1 e: Business Phone _____

2a: Marital Status: (Married) (Unmarried)

2b: Name, ages, dates of birth, and SSN# of All Dependents

_____

_____How Related:_____

_____

_____How Related:_____

_____

_____How Related:_____

3a: Taxpayer_____

SSN Date of Birth Drivers License #

3b: Spouse _____

SSN Date of Birth Drivers License #

SECTION II: Employment Information

4: TAXPAYER

Occupation _____

Employer Name _____

Address _____

_____

Work Phone _____

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SECTION II: Employment Information (Continued)

How long with This Employer? Years _____ Months _____
Number of Exemptions claimed on W-4 _____
Pay Period: Weekly ___ Monthly ____ Bi-Weekly____ Semi-Monthly _____ Other _____

5: Spouse

Occupation _____
Employer Name _____
Address _____
_____

Work Phone _____

How long with This Employer? Years _____ Months _____
Number of Exemptions claimed on W-4 _____
Pay Period: Weekly ___ Monthly ____ Bi-Weekly____ Semi-Monthly _____ Other _____

SECTION III: Other Financial Information

6 Is the individual or sole proprietorship party to a lawsuit? Yes___ No___

7 Has the individual or sole proprietor ever filed bankruptcy? Yes___ No___
If yes: Date of Filing: _____ - Date Dismissed or Discharged _____
- Petition # _____ Location: _____

8 Any increase or decrease in income anticipated? Yes_____ No_____

Explain: _____
_____

How much? _____

When? _____

9 Is the individual or sole proprietorship a beneficiary of a Trust or Life Insurance policy?
Yes_____ No_____

10 Have you resided outside the US in the last 10 years? Yes_____ No_____

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SECTION IV: Personal Asset Information

11 Cash on hand: $_____

12 Personal Bank Accounts:

Type of Account: Checking _____ Savings_____
Full Name and Address of Bank

_____
_____
_____
_____
Account Number: _____
Account Balance: $ _____

Type of Account: Checking _____ Savings_____
Full Name and Address of Bank

_____
_____
_____
_____
Account Number: _____
Account Balance: $ _____

Please list any other accounts on separate sheet if necessary

13 Investments:

Include stocks, bonds, mutual funds, IRA, 401K, any other investment accounts

Type of Investment: _____ Current Value:_____
Full Name and Address of Company

_____
_____
_____
_____

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Type of Investment: _____ Current Value:_____
Full Name and Address of Company
_____
_____
_____
_____

Please list any other investment items on separate sheets if necessary

14 Credit Cards:

Bank Name and Address: _____
_____
_____
_____
Account # _____
Credit Limit: $_____
Amount Owed: $_____

Bank Name and Address: _____
_____
_____
_____
Account # _____
Credit Limit: $_____
Amount Owed: $_____

Bank Name and Address: _____
_____
_____
_____
Account # _____
Credit Limit: $_____
Amount Owed: $_____

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15 Life Insurance: List any Life Insurance Policies with a cash value - not term life
Policy # _____
Owner of Policy_____
Current Cash Value $ _____
Outstanding Loan Balance $ _____

16 In the past 10 years, have any assets been transferred by the individual for less than full value? Yes _____ No _____

17 Real Property owned, rented, and/or leased

Property Address:

_____
_____
_____

Lender or Landlord Name and Address: _____
_____
_____
_____
_____

Phone #:

_____

Purchase or Lease Date: _____
Current Fair Market Value: $_____
Loan Balance: $_____
Monthly Payment: $_____
Date of Final Payment: _____

18 Motor Vehicles Owned:

Year: _____
Make: _____
Model: _____
Mileage: _____
Date of Purchase or Lease:_____
Current Value: $ _____
Current Loan Balance: $ _____
Monthly Payment: $ _____
Date of Final Payment: _____
Name and Address of Lender or Lessor: _____
Phone # : _____

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18 cont. Motor Vehicles Owned:

Year: _____
Make: _____
Model: _____
Mileage: _____
Date of Purchase or Lease:_____
Current Value: $ _____
Current Loan Balance: $ _____
Monthly Payment: $ _____
Date of Final Payment: _____
Name and Address of Lender or Lessor: _____
Phone # : _____

Year: _____
Make: _____
Model: _____
Mileage: _____
Date of Purchase or Lease: _____
Current Value: $ _____
Current Loan Balance: $ _____
Monthly Payment: $ _____
Date of Final Payment: _____
Name and Address of Lender or Lessor: _____
Phone # : _____

19 Personal Assets: Other items

List Furniture, Personal Effects, Artwork, Jewelry, Collections, etc.

Item Description: _____
Date of Purchase: _____
Current Value: $_____
Current Loan Balance: $_____
Amount of Monthly Payment: $_____
Date of Final Payment:

Item Description: _____
Date of Purchase: _____
Current Value: $_____
Current Loan Balance: $_____
Amount of Monthly Payment: $_____
Date of Final Payment:

Item Description: _____
Date of Purchase: _____
Current Value: $_____
Current Loan Balance: $_____
Amount of Monthly Payment: $_____
Date of Final Payment:

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Item Description: _____
Date of Purchase: _____
Current Value: $_____
Current Loan Balance: $_____
Amount of Monthly Payment: $_____
Date of Final Payment:

Item Description: _____
Date of Purchase: _____
Current Value: $_____
Current Loan Balance: $_____
Amount of Monthly Payment: $_____
Date of Final Payment:

PERSONAL MONTHLY INCOME AND EXPENSES

Income and Expenses for the Month of: _____

Source	Gross Monthly
Wages - Taxpayer	$
Wages - Spouse	$
Interest / Dividends	$
Net Business Income	$
Net Rental Income	$
Distributions	$
Social Security Taxpayer	$
Social Security Spouse	$
Child Support	$
Alimony	$
Other Income	$
TOTAL FAMILY INCOME	$

Expense Item	Actual Monthly
Food, Clothing, and Misc.	$
Housing and Utilities	$
Vehicle Ownership Costs	$
Vehicle Operating Costs	$
Public Transportation	$
Health Insurance	$
Out of Pocket Health Costs	$
Court Ordered Payments	$
Child Care	$
Life Insurance	$
Taxes (Income and FICA)	$
Other Secured Debts	$
TOTAL LIVING EXPENSES:	$

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Please provide any Income /Expense notes below:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

IF YOU OR YOUR SPOUSE GENERATE INCOME AS A SOLE PROPRIETOR OR INDEPENDENT CONTRACTOR PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Business Name:_____
2. Employer ID #: _____
3. Number of Employees: _____
4. Average Monthly Payroll: _____
5. Type of Business: _____
6. Frequency of Tax Deposits: _____
7. Business Website: _____
8. Any e-Commerce? ____
9. Payment Processor Information:
   Processor name: _____
   Address: _____
   _____
   _____
10. Business Cash on Hand: $_____
11. List Credit Cards Accepted: Visa ____, MC____, AMAX____, Discover____ 12 Business Bank Accounts:

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Type of Account: Checking _____ Savings_____
Full Name and Address of Bank

_____
_____
_____
_____
Account Number: _____
Account Balance: $ _____

Type of Account: Checking _____ Savings_____
Full Name and Address of Bank

_____
_____
_____
_____
Account Number: _____
Account Balance: $ _____

12 Attach Current Accounts Receivables List

13 Attach List of all Business Assets

Case ID:_____

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SOLE PROPRIETORSHIP BUSINESS INFORMATION

ACCOUNTING METHOD USED: CASH ☐

ACCRUAL ☐

Income and Expenses for the Month of: _____

TOTAL MONTHLY BUSINESS INCOME	
Source	Gross Monthly
Gross Receipts	$
Gross Rental Income	$
Interest	$
Dividends	$
Cash	$
Other Income	$
TOTAL BUSINESS INCOME:	$

MONTHLY BUSINESS EXPENSES	
Expense Item	Actual Monthly
Materials Purchased (1)	$
Inventory Purchased (2)	$
Gross Wages and Salaries	$
Rent	$
Supplies (3)	$
Utilities / Telephone (4)	$
Vehicle / Gas / Oil	$
Repairs / Maintenance	$
Insurance	$
Current Taxes (5)	$
Other Installment Payments	$
TOTAL BUSINESS EXPENSE:	$

1 Materials Purchased - Items directly related to the production of a product or service
2 Inventory Purchased - Goods purchased for resale
3 Supplies - Office supplies - equipment used within 1 year
4 Utilities / Telephone - Gas, electric, water, oil, telephone, cell phone
5 Current Taxes - Real estate, franchise, sales, employment

Printed Name Signature Date