



INITIAL CONTACT FORM FOR CONTROVERSY TAXPAYERS

Important Note: By completing this form and returning it to the MSU College of Law Tax Clinic, you do not automatically become a client of the Clinic. Instead, the Clinic will make an independent determination of whether you qualify to receive its services, and whether the Clinic has the capacity to perform the work you request.

In addition to this completed form, please bring copies of the following items (as they may apply to you) with you to the Tax Clinic at the time of your first consultation (we will keep the copies you bring as part of your Tax Clinic file):

IRS Notice of Deficiency (90-Day) Letter

- IRS 30-Day Letter
- Tax returns you filed for any year in controversy, supporting schedules that are part of the tax returns, W-2's, and other documentation relating to the tax returns
- Correspondence to and from the Internal Revenue Service
- Any other notices received from the Internal Revenue Service

Taxpayer Information

Name: _____
 Address: _____
 Date of Birth: _____
 Social Security or Taxpayer Identification Number: _____
 Daytime Telephone: _____
 Evening Telephone: _____
 Email address: _____
 Is it easier to reach you by telephone or by email? _____
 Who referred you to the Tax Clinic? _____

To qualify for Tax Clinic representation concerning an Internal Revenue Service controversy, you are required to verify your current level of income. Your income at the present time (annualized to take into account an entire year) cannot be greater than the amount listed below for your family size:

2009 Poverty Guidelines for Low-Income Taxpayer Clinic Representation

Persons in family	Poverty guideline
1.....	\$27,075
2.....	36,425
3.....	45,775
4.....	55,125
5.....	64,475
6.....	73,825
7.....	83,175
8.....	92,525

Page 2 of 2
Intake Form -- Controversy

For family units with more than 8 members, add \$9,350 for each additional member. (Source of base poverty levels is the *Federal Register Notice*, January 23, 2009.)

Please indicate whether you have income from the following sources and the amount of income:

<u>Type of Income</u>	<u>Amount of Income</u>
Wages	_____
Sub Pay	_____
Railroad Retirement	_____
Child Support	_____
Rental Income	_____
Interest	_____
Dividends	_____
Self-Employment	_____
Disability	_____
Soc. Security/Disability	_____
Non-reported Tips	_____
Strike Pay	_____
Gambling Winnings	_____
Family Independence Agency	_____
Unemployment	_____
Alimony Received	_____
Supplemental Social Security	_____

You must sign the declaration below to attest to the accuracy of the financial information you have provided us to obtain representation in a controversy matter.

I hereby affirm that the financial information I have provided Michigan State University College of Law Tax Clinic is correct.

Signature: _____
Printed Name: _____
Address: _____
City, State, Zip _____
Phone: _____
Date: _____