



C H I C A G O

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## TAXPAYER INFORMATION SHEET

### General Information

1. Do you or your company owe taxes? \_\_\_\_\_
2. Do you/your company owe Federal or State taxes? \_\_\_\_\_
3. What type of taxes do you owe? \_\_\_\_\_
4. Are you being audited? \_\_\_\_\_
5. What is the approximate tax liability that is claimed to be owed by you/your company?  
\_\_\_\_\_
6. Have you received a levy notice or has there been a tax lien filed against you/your company?  
\_\_\_\_\_
7. Is there an imminent deadline you/your company are facing that need to be addressed? If yes, when is the deadline? \_\_\_\_\_
8. Do you have any other outstanding debts besides your taxes? Other outstanding debts do not including basic living expenses (i.e.- mortgage, car payment, utilities, etc.).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Personal Information

	You		Spouse
Name	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
SSN	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Date of Birth	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Address	<input style="width: 100%; height: 20px;" type="text"/>		
	<input style="width: 100%; height: 20px;" type="text"/>		
	<input style="width: 100%; height: 20px;" type="text"/>		
Home Phone	<input style="width: 100%; height: 20px;" type="text"/>		
Work Phone	<input style="width: 100%; height: 20px;" type="text"/>		
Cell Phone	<input style="width: 100%; height: 20px;" type="text"/>		
Email	<input style="width: 100%; height: 20px;" type="text"/>		

Do you have any other dependants living in your household?

YES	NO
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If yes, their ages and relationship

<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>

Do you currently own your own business?

YES	NO
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Business Name	<input style="width: 100%; height: 20px;" type="text"/>
Address	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>
Type of Business	<input style="width: 100%; height: 20px;" type="text"/>

If your business is currently closed, provide the following information:

Former name of business	<input style="width: 100%; height: 20px;" type="text"/>
Address	<input style="width: 100%; height: 20px;" type="text"/>
Type of Business	<input style="width: 100%; height: 20px;" type="text"/>
Incorporation/formation date	<input style="width: 100%; height: 20px;" type="text"/>
Last date business was conducted	<input style="width: 100%; height: 20px;" type="text"/>

## Tax Liability

Current estimated liability:

For what periods and types of tax do you owe the IRS?

Tax Form	Periods
1040 (individual)	
941 (employment)	
1120 (business income)	
1065 (LLC / partnership)	
Civil Penalty	
Other	

**Do you have any unfiled returns?**

Explain why:
Tax periods:

Have you previously produced any Financial Statements (form 433-A, 433-B, etc.) to the IRS?

<b>YES</b>	<b>NO</b>	If yes, please provide a copy of such statement(s) to our office.
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Have you previously entered into a payment plan or an Offer in Compromised with the IRS?

Explain:
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## Business Assets

Cash/Bank Accounts	\$	<input style="width: 95%;" type="text"/>
Accounts Receivable	\$	<input style="width: 95%;" type="text"/>

	Fair Market Value	Less: Loan Amount	=	Equity
Real Estate	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>		\$ <input style="width: 90%;" type="text"/>
Equipment	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>		\$ <input style="width: 90%;" type="text"/>
Trucks/Vehicles	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>		\$ <input style="width: 90%;" type="text"/>
Other	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>		\$ <input style="width: 90%;" type="text"/>
Other	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>		\$ <input style="width: 90%;" type="text"/>

# Personal Assets

Cash/Bank Accounts \$

	Fair Market Value	Less: Loan Amount	=	Equity
Real Estate	\$ <input style="width: 150px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>		\$ <input style="width: 150px; height: 20px;" type="text"/>
Investments	\$ <input style="width: 150px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>		\$ <input style="width: 150px; height: 20px;" type="text"/>
Vehicles	\$ <input style="width: 150px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>		\$ <input style="width: 150px; height: 20px;" type="text"/>
Whole Life Insurance	\$ <input style="width: 150px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>		\$ <input style="width: 150px; height: 20px;" type="text"/>
Personal Valuables	\$ <input style="width: 150px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>		\$ <input style="width: 150px; height: 20px;" type="text"/>

## Monthly Household Income

Wages	\$ <input style="width: 150px; height: 20px;" type="text"/>
Spouse Wages	\$ <input style="width: 150px; height: 20px;" type="text"/>
Interest	\$ <input style="width: 150px; height: 20px;" type="text"/>
Rental Income	\$ <input style="width: 150px; height: 20px;" type="text"/>
Distributions	\$ <input style="width: 150px; height: 20px;" type="text"/>
Pension	\$ <input style="width: 150px; height: 20px;" type="text"/>
Child Support	\$ <input style="width: 150px; height: 20px;" type="text"/>
Disability	\$ <input style="width: 150px; height: 20px;" type="text"/>
Other	\$ <input style="width: 150px; height: 20px;" type="text"/>
<b>TOTAL</b>	<b>\$ <input style="width: 150px; height: 20px;" type="text"/></b>

## Monthly Household Expenses

Mortgage/Rent	\$ <input style="width: 150px; height: 20px;" type="text"/>
Food/Clothing	\$ <input style="width: 150px; height: 20px;" type="text"/>
Utilities	\$ <input style="width: 150px; height: 20px;" type="text"/>
Transportation	\$ <input style="width: 150px; height: 20px;" type="text"/>
Healthcare	\$ <input style="width: 150px; height: 20px;" type="text"/>
Taxes	\$ <input style="width: 150px; height: 20px;" type="text"/>
Court-Ordered	\$ <input style="width: 150px; height: 20px;" type="text"/>
Life Insurance	\$ <input style="width: 150px; height: 20px;" type="text"/>
Other	\$ <input style="width: 150px; height: 20px;" type="text"/>
<b>TOTAL</b>	<b>\$ <input style="width: 150px; height: 20px;" type="text"/></b>

# Current Collection Activity

**Do you have pending deadlines with the IRS or Illinois Department of Revenue?**

<b>YES</b>	<b>NO</b>	If yes, please provide details:

**Has a revenue officer been assigned to your case?**

<b>YES</b>	<b>NO</b>	Name:
		Phone:

**Are you currently making any payments against your tax liability?**

<b>YES</b>	<b>NO</b>	If yes, please provide details:

**Have you furnished financial statements to the IRS or IDOR?**

<b>YES</b>	<b>NO</b>	If yes, please provide details:

**Please provide any other relevant information:**