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CLIENT QUESTIONNAIRE

GREETING

Dear _____,

Thank you for choosing our company to handle your tax matter.

In order to assess your current tax situation and allow your representative to assist you in obtaining the best possible resolution, please answer the questions in the following sections as completely as you can. The time required to complete this questionnaire will vary depending on individual circumstances, but on average will not exceed 30 minutes.

You can complete this questionnaire in one sitting, or in partial segments. Just click the "Save" button located at the bottom of each page to save your previous entries and you can come back and finish your questionnaire at a later time. To return to the questionnaire, simply click on the link in the email you received from us.

If you see questions that do not relate to your tax matter, you can leave those questions unanswered/blank. We'll verify the information entered and contact you if something is missing.

You can complete the questionnaire in random order by selecting any of the sections listed on the left. If you don't have information for a certain section readily available, you can always come back to it later.

Once you have completed all questions relating to your tax matter, open the last section "Mandatory Disclosure", complete it, enter last 5 digits of your Social Security Number and then click on the "Submit Questionnaire" button. If you have entered information for a Spouse, your Spouse's signature and last 5 digits of his/her Social Security Number must also be entered. Please note that once you submit the questionnaire, you will no longer be able to modify the information you've entered. If you need to edit/add/update your information after submission, please contact your representative and ask him to re-send the questionnaire and grant you access again.

We will be notified immediately once you complete this questionnaire, and we'll contact you if we need any additional information.

If you have any questions on how to complete this questionnaire, please feel free to contact us any time at the details listed above.

Once again thank you for letting us help with your tax matter. We appreciate your business.

TAXPAYER

First Name

Middle Name

Last Name

Date of Birth

Social Security Number

Email

Taxpayer Street Address

Taxpayer City

Taxpayer State

Taxpayer Zip

Taxpayer County

Home Phone

Work Phone

Cell Phone

Driver License Number

Driver State

SPOUSE

First Name

Middle Name

Last Name

Date of Birth

Social Security Number

Email

Home Phone

Work Phone

Cell Phone

Driver License Number

Driver State

DEPENDENTS

How many people live in your family/household?

Under 65

Over 65

Total

Please list all children and other dependents that live in your household.

Name

Dob

Relationship

Claimed as a dependent on your Form 1040? Yes No

Contributes to household income? Yes No

Name

Dob

Relationship

Claimed as a dependent on your Form 1040? Yes No

Contributes to household income? Yes No

Name

Dob

Relationship

Claimed as a dependent on your Form 1040? Yes No

Contributes to household income? Yes No

IRS LIABILITY

How much do you owe to the IRS? _____

What type of taxes do you owe?

Income Taxes Employment Taxes Civil Penalty I don't know

For which tax years/quarters do you owe taxes? Please select all that apply.

2024 2020 2016 2012
 2023 2019 2015 2011
 2022 2018 2014 2010
 2021 2017 2013 2009

2024 - 1 QTR 2 QTR 3 QTR 4 QTR

2019 - 1 QTR 2 QTR 3 QTR 4 QTR

2023 - 1 QTR 2 QTR 3 QTR 4 QTR

2018 - 1 QTR 2 QTR 3 QTR 4 QTR

2022 - 1 QTR 2 QTR 3 QTR 4 QTR

2017 - 1 QTR 2 QTR 3 QTR 4 QTR

2021 - 1 QTR 2 QTR 3 QTR 4 QTR

2016 - 1 QTR 2 QTR 3 QTR 4 QTR

2020 - 1 QTR 2 QTR 3 QTR 4 QTR

2015 - 1 QTR 2 QTR 3 QTR 4 QTR

Have you filed all tax returns for the last 6 years? Yes No

Select all years that you didn't file tax returns 2023 2022 2021 2020 2019 2018

Are you current with current year's withholdings or estimated tax payments? Yes No

Are your wages being garnished (levied)? Yes No

How much is being levied per paycheck? _____

Have any bank accounts been levied? Yes No

Enter Bank Name and Amount Levied:

Bank Name

Amount

Have you been contacted by, or presently dealing with, an IRS Revenue Officer? Yes No

Have you received an IRS notice that had any of the following specific headings? Select all that apply.

Notice of Intent to Levy and Notice of Your Right to a Hearing Notice of Jeopardy Levy and Right of Appeal
 Notice of Levy on Your State Tax Refund Notice of Federal Tax Lien and Your Right to a Hearing

Date(s) of IRS notice(s): _____

Did you file a joint tax return for any of the years you owe taxes? Yes No

Was there an understatement of tax on the returns that are attributable to an erroneous item of just one spouse? Yes No

Did the other spouse know, or have reason to know of the understatement? Yes No

Do you believe that some or all of the taxes owed may have been assessed by the IRS in error? Yes No

Can you pay your tax liability in full? Yes No

Please enter additional information about your tax situation here. It will help us understand the scope of your tax matter better

MARITAL STATUS

Are you married? Yes No

Single Divorced Widowed

Is your Spouse liable for taxes owed? Yes No

Does your Non-Liable Spouse have income? Yes No

What is your Non-Liable Spouse's monthly income? Enter amount next to each income category that applies.

Wages

Interest

Dividends

Net Business Income

Distributions Income

Pension / Social Security

Other Income

Which monthly expenses are shared by your Non-Liable Spouse?

- Food, Clothing and Miscellaneous Housing & Utilities Vehicle Ownership Costs for your vehicle(s)
 Vehicle Operating Costs for your vehicle(s) Health Insurance Out of Pocket Health Care
 Child / Dependent Care

OTHER NON-LIABLE PERSONS

Do you have any other people who live with you and share household expenses, but not liable for taxes you owe? Yes No

How much do(es) Non-Liable Person(s) contribute to the household budget on a monthly basis?

Which monthly expenses are shared by Non-Liable Persons?

- Food, Clothing and Miscellaneous Housing & Utilities Vehicle Ownership Costs for your vehicle(s)
 Vehicle Operating Costs for your vehicle(s) Health Insurance Out of Pocket Health Care
 Child / Dependent Care

EMPLOYMENT

Are you employed? Yes No

Pay Period

Gross Amount

Taxes withheld from each pay period:

Federal Income Tax

Social Security Tax

Medicare Tax

State Tax

Local Tax

Name

Ein

Street Address

City

State

Zip

Work Phone

Does employer allow contact at work? Yes No

How long have you been with this employer?

Years

Months

How many exemptions do you claim on Form W-4?

What is your occupation?

Do you have any interest in this employer's business? Yes No

Check the business interest that applies Partner Officer Sole proprietor

Is your spouse employed? Yes No

Pay Period

Gross Amount

Taxes withheld from each pay period:

Federal Income Tax

Social Security Tax

Medicare Tax

State Tax

Local Tax

Name

Ein

Street Address

City

State

Zip

Work Phone

Does employer allow contact at work? Yes No

How long has your Spouse been with this employer?

Years

Months

How many exemptions do you claim on Form W-4?

What is your occupation?

Does your Spouse have any interest in this employer's business? Yes No

Check the business interest that applies Partner Officer Sole proprietor

BANKING

How much cash do you have on hand (not in banks, etc.)? _____

Enter information about your bank accounts

Account type

Name

Address

City

State

Zip

Country

Account Number

Ownership percentage

Account Balance

As of (date)

Account type

Name

Address

City

State

Zip

Country

Account Number

Ownership percentage

Account Balance

As of (date)

Account type

Name

Address

City

State

Zip

Country

Account Number

Ownership percentage

Account Balance

As of (date)

Do you use funds in your bank accounts to pay for monthly living expenses, for example mortgage, rent, food, car expenses, etc.? Yes No

OTHER INFORMATION

Are you or have you been party to a lawsuit? Yes No

Are you currently in bankruptcy? Yes No

Have you filed bankruptcy in the past 10 years? Yes No

Have you ever filed bankruptcy? Yes No

In the past 10 years, did you reside outside of the United States for more than 6 months? Yes No

Are you beneficiary of a trust, estate, or life insurance policy? Yes No

Are you a trustee, fiduciary, or contributor of a trust? Yes No

Do you have a safe deposit box (business or personal)? Yes No

In the past 10 years, have you transferred any assets for less than full value? Yes No

INVESTMENTS

Please list here all your investment accounts, such as IRAs, Roth IRAs, 401(k) Plans, stocks, bonds, mutual funds, certificate of deposits, including interest in publicly traded corporations, partnerships, LLCs or other business entities where you have a financial interest.

Account Type

| | | |
|----------------|----------------------|-----|
| Account Number | Company Name | |
| Phone Number | Street Address | |
| City | State | Zip |
| Account Value | Ownership percentage | |
| Loan Balance | As of (date) | |
| Account Type | | |

| | | |
|----------------|----------------------|-----|
| Account Number | Company Name | |
| Phone Number | Street Address | |
| City | State | Zip |
| Account Value | Ownership percentage | |
| Loan Balance | As of (date) | |
| Account Type | | |

| | | |
|----------------|----------------------|-----|
| Account Number | Company Name | |
| Phone Number | Street Address | |
| City | State | Zip |
| Account Value | Ownership percentage | |
| Loan Balance | As of (date) | |

VIRTUAL CURRENCIES

List all virtual currency you own or in which you have a financial interest. (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.) If applicable, attach a statement with each virtual currency's public key.

Name of Virtual Currency Wallet, Exchange or Digital Currency Exchange (DCE)

Type of Virtual Currency

Email Address Used to Set up with the Virtual Currency Exchange or DCE

Location(s) of Virtual Currency

Virtual Currency Amount

Currency

Value in US Dollars as of today

Name of Virtual Currency Wallet, Exchange or Digital Currency Exchange (DCE)

Type of Virtual Currency

Email Address Used to Set up with the Virtual Currency Exchange or DCE

Location(s) of Virtual Currency

Virtual Currency Amount

Currency

Value in US Dollars as of today

Name of Virtual Currency Wallet, Exchange or Digital Currency Exchange (DCE)

Type of Virtual Currency

Email Address Used to Set up with the Virtual Currency Exchange or DCE

Location(s) of Virtual Currency

Virtual Currency Amount

Currency

Value in US Dollars as of today

CREDIT CARDS

List all credit cards issued on your and/or your Spouse's name.

Card Type

| | |
|--------------------------------|--------------------------------|
| Company Name | Account Number |
| Credit Limit | Credit Limit as of date |
| Balance Owed | Balance Owed as of date |
| Minimum Monthly Payment | |
| Card Type | |

| | |
|--------------------------------|--------------------------------|
| Company Name | Account Number |
| Credit Limit | Credit Limit as of date |
| Balance Owed | Balance Owed as of date |
| Minimum Monthly Payment | |
| Card Type | |

| | |
|--------------------------------|--------------------------------|
| Company Name | Account Number |
| Credit Limit | Credit Limit as of date |
| Balance Owed | Balance Owed as of date |
| Minimum Monthly Payment | |
| Card Type | |

| | |
|--------------------------------|--------------------------------|
| Company Name | Account Number |
| Credit Limit | Credit Limit as of date |
| Balance Owed | Balance Owed as of date |
| Minimum Monthly Payment | |

LIFE INSURANCE

Please enter information about your life insurance.

Do you or your Spouse have life insurance with a cash value? (Term life insurance does not have a cash value)

Yes No

Company Name

Address

City

State

Zip

Policy Number

Owner Of Policy

Current Cash Value

Balance

Company Name

Address

City

State

Zip

Policy Number

Owner Of Policy

Current Cash Value

Balance

REAL ESTATE

Do you Own your home Rent Share rent, live with relatives, etc.

Type Rented/Leased Purchased **Is it primary residence?** Yes No

Property Description (eg. Single Family House, Apartment, Condo, etc.)

Date of Purchase **Purchase Price**

Location

Location Zip **Location County**

Location State

Location City **Location Country**

How is this property titled? (i.e. Joint tenancy, etc.)

Current FMV (only for Purchased property) **Current Loan Balance (only for Purchased property)**

Amount of Monthly Payment **Date of Final Payment**

Lender Name **Lender Phone**

Lender Address

Lender City **Lender State** **Lender Zip**

Type Rented/Leased Purchased **Is it primary residence?** Yes No

Property Description (eg. Single Family House, Apartment, Condo, etc.)

Date of Purchase **Purchase Price**

Location

Location Zip **Location County**

Location State

Location City **Location Country**

How is this property titled? (i.e. Joint tenancy, etc.)

Current FMV (only for Purchased property) **Current Loan Balance (only for Purchased property)**

Amount of Monthly Payment **Date of Final Payment**

Lender Name **Lender Phone**

Lender Address

Lender City

Lender State

Lender Zip

VEHICLES

List all your vehicles, boats, RVs, motorcycles, trailers, etc.

| | | |
|--|--|-----------------------|
| Type | | Vehicle Year |
| Make | Model | Mileage |
| Vin | Type <input type="checkbox"/> Rented/Leased <input type="checkbox"/> Purchased | License Number |
| Date of Purchase | Amount Of Monthly Payment | Date of Final Payment |
| Current FMV (only for Purchased vehicle) | Loan Balance (only for Purchased vehicle) | |

| | | |
|------------------|-----------------------|--------------|
| Creditor Name | Creditor Phone Number | |
| Creditor Address | | |
| Creditor City | Creditor State | Creditor Zip |

| | | |
|--|--|-----------------------|
| Type | | Vehicle Year |
| Make | Model | Mileage |
| Vin | Type <input type="checkbox"/> Rented/Leased <input type="checkbox"/> Purchased | License Number |
| Date of Purchase | Amount Of Monthly Payment | Date of Final Payment |
| Current FMV (only for Purchased vehicle) | Loan Balance (only for Purchased vehicle) | |

| | | |
|------------------|-----------------------|--------------|
| Creditor Name | Creditor Phone Number | |
| Creditor Address | | |
| Creditor City | Creditor State | Creditor Zip |

| | | |
|--|--|-----------------------|
| Type | | Vehicle Year |
| Make | Model | Mileage |
| Vin | Type <input type="checkbox"/> Rented/Leased <input type="checkbox"/> Purchased | License Number |
| Date of Purchase | Amount Of Monthly Payment | Date of Final Payment |
| Current FMV (only for Purchased vehicle) | Loan Balance (only for Purchased vehicle) | |

| | |
|------------------|-----------------------|
| Creditor Name | Creditor Phone Number |
| Creditor Address | |

Creditor City

Creditor State

Creditor Zip

PERSONAL ASSETS

List all furniture, personal effects, artwork, jewelry, collections, antiques or other assets. Include value of items in safe deposit boxes and interest in a company or business that is not publicly traded.

| | | | |
|---|------------------------------|----------------------------|--|
| Property Type | | Location Address | |
| _____ | | _____ | |
| Location City | Location State | Location Zip | |
| _____ | _____ | _____ | |
| Type <input type="checkbox"/> Rented/Leased <input type="checkbox"/> Purchased | | Purchase/Lease Date | |
| _____ | | _____ | |
| Current FMV | Loan Balance | | |
| _____ | _____ | | |
| Monthly Payment Amount | Date of Final Payment | Lender Name | |
| _____ | _____ | _____ | |
| Lender Address | | | |
| _____ | | | |
| Lender City | Lender State | Lender Zip | |
| _____ | _____ | _____ | |
| Property Type | | Location Address | |
| _____ | | _____ | |
| Location City | Location State | Location Zip | |
| _____ | _____ | _____ | |
| Type <input type="checkbox"/> Rented/Leased <input type="checkbox"/> Purchased | | Purchase/Lease Date | |
| _____ | | _____ | |
| Current FMV | Loan Balance | | |
| _____ | _____ | | |
| Monthly Payment Amount | Date of Final Payment | Lender Name | |
| _____ | _____ | _____ | |
| Lender Address | | | |
| _____ | | | |
| Lender City | Lender State | Lender Zip | |
| _____ | _____ | _____ | |
| Property Type | | Location Address | |
| _____ | | _____ | |
| Location City | Location State | Location Zip | |
| _____ | _____ | _____ | |
| Type <input type="checkbox"/> Rented/Leased <input type="checkbox"/> Purchased | | Purchase/Lease Date | |
| _____ | | _____ | |
| Current FMV | Loan Balance | | |
| _____ | _____ | | |
| Monthly Payment Amount | Date of Final Payment | Lender Name | |
| _____ | _____ | _____ | |
| Lender Address | | | |
| _____ | | | |
| Lender City | Lender State | Lender Zip | |
| _____ | _____ | _____ | |

MONTHLY INCOME

Enter all your GROSS MONTHLY income for you and your Spouse, who is liable for taxes owed. If your Spouse is not liable, you would enter her income only in the Marital Status section. Complete only categories, in which you have income, and do not complete the rest. Please make sure to enter only MONTHLY amounts.

Monthly Income Wages

Monthly Income Spouse Wages

Note: Monthly Wages were factored in based on your pay period and gross amount per pay period.

Monthly Income Interests/Dividends

Monthly Income Net Business Income

Monthly Income Net Rental Income

Monthly Income Distribution

Monthly Income Pension

Monthly Income Spouse Pension

Monthly Income Social Security

Monthly Income Spouse Social Security

Monthly Income Child Support

Monthly Income Alimony

Monthly Income Other

Monthly Income Other Amount

Monthly Income Unemployment

FOOD, CLOTHING, AND MISCELLANEOUS

GROCERIES AND DINING OUT

Groceries

Dining Out

HOUSEKEEPING SUPPLIES

Laundry Supplies

Cleaning Supplies

Toilet Tissue

Paper Towels

Paper Napkins

Garden Supplies

Postage

Stationary

Housekeeping Other

Housekeeping Other Amount

CLOTHING & RELATED SERVICES

Clothing

Laundry

Dry Cleaning

Shoes

Shoe Repair

Clothing Other

Clothing Other Amount

PERSONAL CARE

Hair Care Products

Haircuts

Beautician Services

Oral Hygiene Products

Shaving Products

Cosmetics

Perfume

Bath Preparations

Deodorants

Feminine Hygiene Products

Electric Personal Care Appliances

Personal Care Services

Personal Care Other

Personal Care Other Amount

MISCELLANEOUS

Miscellaneous

Minimum Payments Cc

HOUSING AND UTILITIES

Mortgage

Rent

Home Insurance

Property Taxes

(do not enter if included/escrowed in Mortgage payment)

Gas

Electricity

Repairs

Water

Heating Oil

Garbage Collection

Tv And Internet

Telephone

Cell Phone

Lawn Care

Pest Control

Alarm Monitoring

Pool Service

Appliance Maintenance

Association Fees

VEHICLE OWNERSHIP COSTS

Make

Model

Vehicle Year

Amount Of Monthly Payment

Make

Model

Vehicle Year

Amount Of Monthly Payment

Make

Model

Vehicle Year

Amount Of Monthly Payment

VEHICLE OPERATING COSTS

| | | |
|--------------------|--------------------------|---------------------|
| Make | Model | Vehicle Year |
| Maintenance | Fuel | Insurance |
| Repairs | Registration | Licenses |
| Inspections | Parking and Tolls | Other |
| Make | Model | Vehicle Year |
| Maintenance | Fuel | Insurance |
| Repairs | Registration | Licenses |
| Inspections | Parking and Tolls | Other |
| Make | Model | Vehicle Year |
| Maintenance | Fuel | Insurance |
| Repairs | Registration | Licenses |
| Inspections | Parking and Tolls | Other |
| | | |
| | | |

PUBLIC TRANSPORTATION

Bus

Train

Subway

Ferry

Taxi

Other

If you have a car and use public transportation as well, please explain why you need to use both.

HEALTH INSURANCE

Insurer

Policy Type

Monthly Premium

Insurer

Policy Type

Monthly Premium

OUT OF POCKET HEALTH CARE COSTS

Physicians

Dentists

Prescription Drugs

Eye Glasses

Contact Lenses

Durable Medical Equipment

Hcc Other

Hcc Amount

COURT ORDERED PAYMENTS

Alimony

Child Support

Judgments

Cop Other

Com Amount

CHILD / DEPENDENT CARE

Nursery Or Preschool

After School Programs

Daycare

Babysitters

Summer Camp

Caregivers

Specialized Programs

Specialized Transportation

Care Other

Care Other Amount

LIFE INSURANCE

Taxpayer Term Life Insurance

Spouse Term Life Insurance

Taxpayer Term Life Insurance

Spouse Term Life Insurance

CURRENT TAXES

Monthly Federal Income Tax

Monthly Social Security Tax

Monthly Medicare Tax

Monthly State Tax

Monthly Local Tax

Estimated Tax Payments

DELINQUENT STATE & LOCAL TAXES

Delinquent State Taxes

Delinquent Local Taxes

Total State Tax Owed

Total Local Tax Owed

OTHER SECURED DEBTS

Student Loans

Debts Other

Debts Other Amount

OTHER EXPENSES

Legal Fees

Charitable Contributions

Specialized Education

Union Dues

Uniform

Unsecured Debts

Long Distance Calls

Expenses Other

Expenses Other Amount

MONTHLY EXPENSES / TOTAL

Food, Clothing, and Miscellaneous

Housing and Utilities

Vehicle Ownership Costs

Vehicle Operating Costs

Public Transportation

Health Insurance

Out of Pocket Health Care Costs

Court Ordered Payments

Child / Dependent Care

Life Insurance

Current Taxes

Delinquent State & Local Taxes

Other Secured Debts

Other Expenses

Grand Total

BUSINESS INFORMATION

Do you or your Spouse have a business? Yes No

Business Entity Type

Business Name

Trade Name

Percentage Of Ownership

Type Of Business

Owned By Me Spouse

Business Phone

EIN

Federal Contractor Yes No

Number Of Employers

Average Grocc Monthly Payroll

Frequency Of Tax Deposits

MERCHANT INFORMATION

Does your business have a merchant account? Yes No

Payment Processor Name

Payment Processor Street

Payment Processor City

Payment Processor State

Payment Processor Zip

Accepted Credit Cards

Payment Processor Account Number

BUSINESS BANKING

How much cash does your business have on hand?

Enter information about your bank accounts

Type

Name

Address

City

State

Zip

Country

Account Number

Percent

Balance

As of Date

Type

Name

Address

City

State

Zip

Country

Account Number

Percent

Balance

As of Date

Type

Name

Address

City

State

Zip

Country

Account Number

Percent

Balance

As of Date

ACCOUNTS/NOTES RECEIVABLE

Receivable Type

Payment Status

Name

Address

City

State

Zip

Country

Realizable

Date Due

Various Dates

Invoice Number

Original Amount Due

Receivable Type

Payment Status

Name

Address

City

State

Zip

Country

Realizable

Date Due

Various Dates

Invoice Number

Original Amount Due

Receivable Type

Payment Status

Name

Address

City

State

Zip

Country

Realizable

Date Due

Various Dates

Invoice Number

Original Amount Due

Receivable Type

Payment Status

Name

Address

City

State

Zip

Country

Realizable

Date Due

Various Dates

Invoice Number

Original Amount Due

Receivable Type

Payment Status

Name

Address

City

State

Zip

Country

Realizable

Date Due

Various Dates

Invoice Number

Original Amount Due

BUSINESS ASSETS

Property Type

Property Location Address

Property Location City

Lender State

Property Location Zip

Type Rented/Leased
Purchased

Date of Purchase

Various

Current Fair Market Value

Current Loan Balance

Amount of Monthly Payment

Date Of Final Payment

Lender Name

Lender Address

Lender Phone

Lender City

Lender State

Lender Zip

Property Type

Property Location Address

Property Location City

Lender State

Property Location Zip

Type Rented/Leased
Purchased

Date of Purchase

Various

Current Fair Market Value

Current Loan Balance

Amount of Monthly Payment

Date Of Final Payment

Lender Name

Lender Address

Lender Phone

Lender City

Lender State

Lender Zip

Property Type

Property Location Address

Property Location City

Lender State

Property Location Zip

Type Rented/Leased
Purchased

Date of Purchase

Various

Current Fair Market Value

Current Loan Balance

Amount of Monthly Payment

Date Of Final Payment

Lender Name

Lender Address

Lender Phone

Lender City

Lender State

Lender Zip

Property Type

Property Location Address

Property Location City

Lender State

Property Location Zip

Type Rented/Leased
Purchased

Date of Purchase

Various

Current Fair Market Value

Current Loan Balance

Amount of Monthly Payment

Date Of Final Payment

Lender Name

Lender Address

Lender Phone

Lender City

Lender State

Lender Zip

Property Type

Property Location Address

Property Location City

Lender State

Property Location Zip

Type Rented/Leased
Purchased

Date of Purchase

Various

Current Fair Market Value

Current Loan Balance

Amount of Monthly Payment

Date Of Final Payment

Lender Name

Lender Address

Lender Phone

Lender City

Lender State

Lender Zip

BUSINESS INCOME

Accounting Method Cash Accrual

Income Date Range

Income Gross Revenue

Income Gross Rental

Income Interest

Income Dividends

Income Other

Income Other Amount

BUSINESS EXPENSES

Enter Business Expenses for the same period as selected for Business Income.

Expense Materials

Expense Inventory

Expense Gross Wages

Expense Rent

Expense Supplies

Expense Utils

Expense Vehicle Operating

Expense Insurance

Expense Repairs

Expense Taxes

Expense Other1

Expense Other1 Amount

Expense Other2

Expense Other2 Amount

Expense Other3

Expense Other3 Amount

Expense Other4

Expense Other4 Amount

Expense Other5

Expense Other5 Amount

MANDATORY DISCLOSURE

Federal law requires securing of Client consent to disclose tax return information to third parties for purposes of assembling information, calculations, diagnostics, and processing of various IRS tax resolution forms and supporting schedules by obtaining an Internal Revenue Code Section 7216 Disclosure and Consent.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year.

The duration of this consent is ___ year(s).

_____ authorize _____

to disclose any and all information contained in federal income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, 1120, 1120S, 1065, 941, 940, etc.) and any other tax return forms and schedules as deemed necessary, to Negotiation Technologies, LLC for the purpose of assembling information, calculations, diagnostics, and processing of various IRS tax resolution forms and supporting schedules.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484 or by email at complaints@tigta.treas.gov.

Taxpayer Signature

Date

For Electronic Signature only Enter last 5 digits of your Social Security Number:

Spouse Signature

Date

For Electronic Signature only Enter last 5 digits of your Social Security Number:
