

DENVER TAX OFFICE,LLC

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In order for us to get to know you better and proceed quickly with your case, please take the time to completely answer the following questions. All information that is provided will be kept confidential.

Personal Information:

Name: _____ Middle Initial: ___ Last: _____

Address: _____ Number: _____

City: _____ State: _____ Zip: _____ County: _____

What is your home phone number? () _____ Cell? () _____

Best time to reach you at home? _____ AM _____ PM

What is your email address? _____

What is your marital status? _____

Social Security Number: _____ Birth Date: _____ Driver's License Number: _____ ST _____

Do you own or rent your home? Please specify; _____

How long have you lived at this address? _____

If you are married, please complete:

Spouse's Name: _____ Middle Initial: _____ Last: _____

Spouse's Social Security Number _____ Birthdate: _____

If you have dependants that live with you, please complete:

First Name: _____ Relationship: _____ Age: _____

First Name: _____ Relationship: _____ Age: _____

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Information regarding your employment:

Your employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone number: _____ May the IRS contact you at work? : _____

How long have you been with this employer?: _____

Occupation: _____

Pay Period: _____

Do you receive income from other sources? : _____ If yes, specify _____

Information regarding your spouse's employment:

Spouse's employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone number: _____ May the IRS contact you at work? : _____

How long has your spouse been with this employer? : _____

Occupation: _____

Pay Period: _____

Does your spouse receive income from other sources? : _____ If yes, specify; _____

Information regarding your checking accounts:

Full name of bank, credit union, etc: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank routing no.: _____ Account no.: _____

Current account balance: _____

Full name of bank, credit union, etc: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank routing no.: _____ Account no.: _____

Current account balance: _____

Information regarding your other accounts, such as savings, brokerage, and money markets:

Type of account: _____

Full name of bank, credit union, etc: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank routing no.: _____ Account no.: _____

Current account balance: _____

Type of account: _____

Full name of bank, credit union, etc: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank routing no.: _____ Account no.: _____

Current account balance: _____

Information regarding your investments, such as IRA's, stocks, 401K plans, etc:

Name of company: _____

Number shares/units: _____ Current Dollar Value: _____

Loan amount: _____ Is this used as collateral on a loan? : _____

Name of company: _____

Number shares/units: _____ Current Dollar Value: _____

Loan amount: _____ Is this used as collateral on a loan? : _____

Information regarding your available credit: (List all lines of credit, including credit cards)

Name of Credit Institution: _____

Address _____ City _____ State: _____ Zip: _____

Credit Limit: _____ Amount owed: _____ Available: _____

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Address _____ City _____ State: _____ Zip: _____
Credit Limit: _____ Amount owed: _____ Available: _____

Name of Credit Institution: _____
Address _____ City _____ State: _____ Zip: _____
Credit Limit: _____ Amount owed: _____
Available: _____

Information regarding your whole (cash) life insurance policies:

Name of insurance company: _____
Policy number: _____ Owner of policy: _____
Current cash value: _____ Outstanding loan balance: _____

Name of insurance company: _____
Policy number: _____ Owner of policy: _____
Current cash value: _____ Outstanding loan balance: _____

Other information:

Are there any garnishments against your wages? _____

Are there any judgments against you? _____

Are you a party in a lawsuit? _____

If yes, are you the plaintiff or defendant? _____

Location of filing: _____

Represented by: _____ Docket/case number: _____

Amount of suit: _____ Subject of suit: _____

Possible completion date: _____

Have you ever filed bankruptcy? _____ If yes, discharge date: _____

In the past 10 years, did you transfer any assets out of your name for less than their actual value?

Do you anticipate any increase in household income in the next 2 years? _____

Are you a beneficiary of a trust of an estate? _____

Are you a participant in a profit sharing plan? _____

In the past 10 years, have you resided outside of the U.S. for periods of 6 months or longer? _____

Information regarding your purchased vehicles, boats, trailers, RV's, motorcycles, trailers, etc.:

Year: _____ Make: _____ Model: _____

Mileage: _____ Value: _____ Purchase date: _____

Name of lender: _____ Amount of monthly payment: _____

Current loan balance: _____

Year: _____ Make: _____ Model: _____

Mileage: _____ Value: _____ Purchase date: _____

Name of lender: _____ Amount of monthly payment: _____

Current loan balance: _____

Information regarding your leased vehicles, boats, trailers, RV's, motorcycles, trailers, etc.:

Year: _____ Make: _____ Model: _____

Name and address of Lessor: _____

Lease balance: _____ Lease date: _____ Monthly payment: _____

Year: _____ Make: _____ Model: _____

Name and address of Lessor: _____

Lease balance: _____ Lease date: _____ Monthly payment: _____

Information regarding your real estate:

Address: _____

City: _____ State: _____ Zip: _____

COUNTY: _____ Date purchased: _____

Purchase price: _____ Current value: _____

Name of Lien holder (s): _____

Loan balance: _____ Monthly payments: _____

Date of final payment: _____

Address: _____

City: _____ State: _____ Zip: _____

COUNTY: _____ Date purchased: _____

Purchase price: _____ Current value: _____

Name of Lien holder (s): _____

Loan balance: _____ Monthly payments: _____

Date of final payment: _____

Information regarding your personal assets:

Furniture/Personal Effects: _____

Current value: _____ Loan balance: _____ Monthly payment: _____

Name of lender: _____ Date of final payment: _____

Other: (jewelry, artwork, etc.)

Asset: _____ Current value: _____ Loan balance: _____

Monthly payment: _____ Name of lender: _____

Date of final payment: _____

Asset: _____ Current value: _____ Loan balance: _____

Monthly payment: _____ Name of lender: _____

Date of final payment: _____

Information regarding your expenses:

How much do you spend each month on the following?

Housing: _____ Utilities: _____ Health Insurance: _____

Health care not covered by insurance: _____ Taxes: _____
Court ordered payments, such as child support: _____ Life Insurance: _____
Secured debt: _____

If you have any other expenses not covered in the above, please list below what the expense is and how much the expense is per month: _____

Required Attachments: Please provide COPIES of the following:

- Current pay stubs for each place that you and/or your spouse is employed. If the pay stub provides year-to-date information, please include only one. If the pay stub does not include year-to-date information, please include pay stubs for the past three months.
- If you receive income from other sources, please provide proof of income.
- Please include your current bank statements for the past three months.
- Please include a statement from the life insurance regarding any life insurance you may have.
- Please include a current statement from your vehicle lender showing your monthly car payment amount and current balance of the loan for each vehicle purchased or leased.
- Please include a current statement from your real estate lender showing monthly payment amount and current balance for each piece of real estate owned.
- A copy of your last 1040 individual Income Tax Return filed, with all schedules.
- Proof of all current expenses that you paid for the past three months including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses. This can include insurance, gas, maintenance, parking, tolls, etc.
- Proof of payments for health care, including health insurance premiums, co-payments, and other out-of-pocket expenses, for the past three months.
- Copies of any court order requiring payment and proof of such payments for the past three months.

Are you or your spouse self-employed or operate a business?

If yes, please continue. If no, please stop here.

Information regarding your business:

Name of business: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer identification number: _____

Do you have employees?: _____

Information regarding your business assets:

Tools: _____

Current value: _____ Loan balance: _____ Monthly payment: _____

Name of lender: _____ Date of final payment: _____

Machinery: _____
Current value: _____ Loan balance: _____ Monthly payment: _____
Name of lender: _____ Date of final payment: _____

Equipment: _____
Current value: _____ Loan balance: _____ Monthly payment: _____
Name of lender: _____ Date of final payment: _____
Name of lender: _____ Date of final payment: _____

Other assets: _____
Current value: _____ Loan balance: _____ Monthly payment: _____
Name of lender: _____ Date of final payment: _____

Other assets: _____
Current value: _____ Loan balance: _____ Monthly payment: _____
Name of lender: _____ Date of final payment: _____

Required attachments: Please provide COPIES of the following:

- Please include proof of self-employment income for the past three months. Such as invoices, commissions, sales records, or income statement.
- A list of accounts receivable that includes name and address, amount due, due date, and age of account.
- A current profit and loss statement.
- Copies of al business bank account statements for the last three months.