

|  |                          |                               |  |                                |
|--|--------------------------|-------------------------------|--|--------------------------------|
| <b>Tax Resolution Tracking Form</b>  |                          |                               | Tax Liability (\$ amount):   |                                |
|  |                          |                               | Requested Solution:  |                                |
| Client Name:   |                          |                               | SSN #:   |                                |
| Spouse Name:   |                          |                               | SSN #:   |                                |
| Home Phone:  |                          | Home Fax:                     |  | E-mail:                        |
| Work Phone:  |                          | Work Fax:                     |  | Cell/Other:                    |
| Street Address:  |                          |                               | City, State, & Zip:  |                                |
| Company Name (if applicable):  |                          |                               |  | FEIN # (if applicable):        |
| <b>Tax Liability Information</b>   |                          |                               |  |                                |
| Case Status? IRS Contact & Phone #:  |                          |                               |  |                                |
| Case Status? State Contact & Phone #:  |                          |                               |  |                                |
| In Collection: Yes / No (Circle one)   |                          | Lien or Levy Filed (details): |  |                                |
| IRS Liabilities: Yes / No (Circle one)   |                          | IRS Tax \$ Owed:              |  | IRS Returns Unfiled (years):   |
| State Liabilities: Yes / No (Circle one)   |                          | State Tax \$ Owed:            |  | State Returns Unfiled (years): |
| Current Year Estimated Tax:  |                          |                               | Current Year Withholding:  |                                |
| County of Residence?   |                          |                               | # of Dependents (and Ages):  |                                |
| Tax Notes:   |                          |                               |  |                                |
| <b>Assets &amp; Liabilities</b>  |                          |                               | <b>Household Income and Expenses</b>   |                                |
| <b>Description</b>   | <b>Fair Market Value</b> | <b>As Adjusted</b>            | <b>Description</b>   | <b>Amount (MONTHLY)</b>        |
| Home Value:  |                          |                               | Client Gross Wages:  |                                |
| - Mortgage:  |                          |                               | Spouse Gross Wages:  |                                |
| Other Real Property:   |                          |                               | Self Employment Income:  |                                |
| - Mortgage:  |                          |                               | Other Income #1:   |                                |
| IRA, 401(k):   |                          |                               | Other Income #2:   |                                |
| - Any 401(k) Loan:   |                          |                               | <b>Total Income =</b>  |                                |
| Auto #1:   |                          |                               | Food, Clothing, Misc Expenses:   |                                |
| - Amount Owed: (Months Left: _____)  |                          |                               | Rent or Mortgage:  |                                |
| Auto #2:   |                          |                               | + RE Tax & Insurance:  |                                |
| - Amount Owed: (Months Left: _____)  |                          |                               | + Utilities:   |                                |
| Stocks:  |                          |                               | = Total Housing Exp:   |                                |
| Checking #1:   |                          |                               | Auto #1 Monthly Cost (lease or loan):  |                                |
| - Adjustment for up to One Month's Exp:  |                          |                               | Auto #2 Monthly Cost (lease or loan):  |                                |
| Checking #2:   |                          |                               | Health Care Monthly Expenses<br>(include premiums for medical,<br>dental, vision, etc.): |                                |
| Savings:   |                          |                               | Taxes (or estimate 28% of income):   |                                |
| Cash:  |                          |                               | Child Care & Alimony:  |                                |
| Life Insurance Value:  |                          |                               | Child or Dependent Care:   |                                |
| Other Assets:  |                          |                               | Payments on Secured Loans (not<br>credit cards):   |                                |
| States with no income tax: AK, FL, NH, NV, SD, TN, TX, WA, and WY<br>Community property states: AZ, CA, ID, LA, NV, NM, TX, WA, and WI |                          |                               | Other Expenses (write in details):   |                                |
|  |                          |                               | <b>Total Expenses =</b>  |                                |
|  |                          |                               |  |                                |

Please Complete & Fax to: **888-382-8869 ATTN: Jesse Niesen**

**Notes**