

THE OFFICES OF  
**LOU CALIXTE, IRS SPECIAL ENROLLED AGENT**  
*Lou Calixte, EA., ABA., CHFP., CPTLS.*  
*Certified Pretrial Tax Litigation Support Specialist*  
*Graduate Fellow, National Tax Practice Institute*  
*Certified Healthcare Financial Professional*  
*Federally Admitted Tax Practitioner*

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New Client Intake Form

DATE: \_\_\_\_\_ FILE NO. \_\_\_\_\_

NAME: \_\_\_\_\_  
First Middle Last

SPOUSE'S NAME: \_\_\_\_\_  
First Middle Last

SOCIAL SECURITY NO.: \_\_\_\_\_

SPOUSE'S SOCIAL SEC NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip

Telephone No.:	Spouse's Telephone No.:
Home: _____	Home: _____
Work: _____	Work: _____
Cell: _____	Cell: _____
e-mail: _____	e-mail: _____

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City Zip

How long have you been there? \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City Zip

How long have they been there? \_\_\_\_\_ May we contact them at work? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is your tax problem State or Federal? \_\_\_\_\_

Is it an Income, Payroll or Sales Tax Problem? \_\_\_\_\_

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30 S. CENTRAL AVE. STE 100 • VALLEY STREAM, NY. 11580. 516-243-7397. FAX: 516-243-7398  
MEMBER OF THE NEW YORK STATE SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS  
MEMBER OF THE NATIONAL SOCIETY OF HEALTHCARE BUSINESS CONSULTANTS  
MEMBER OF THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION  
MEMBER OF THE NATIONAL ASSOCIATION OF ENROLLED AGENTS  
MEMBER OF THE AMERICAN SOCIETY OF TAX PROBLEM SOLVERS

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Have you ever owned a Business or been a partner in a Business where Trust Fund Liability or Payroll Liability would have existed? Yes \_\_\_\_\_, No \_\_\_\_\_, If yes, name of Company \_\_\_\_\_ and Federal Identification Number \_\_\_\_\_.

Approximately how much do you owe including penalties & Interest? \$ \_\_\_\_\_

Are there Tax Returns that you are aware of that are not filed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what years or quarters? \_\_\_\_\_

Has a federal or state tax lien been filed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, federal \_\_\_\_\_ or State \_\_\_\_\_ when \_\_\_\_\_.

Are there any wage levies in place at this time? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, for how much and how often? \_\_\_\_\_

Have any bank accounts or other assets been seized? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what and how much? \_\_\_\_\_

Have you ever filed for Bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when? \_\_\_\_\_

The fee for an initial consultation is \$ \_\_\_\_\_ for (time), due at the time of the consultation. Our office accepts personal and certified checks, cash, and most major credit cards.

Should you decide to retain \_\_\_\_\_ to represent you and you would like him to begin work on your file immediately, please be prepared to present a \$ \_\_\_\_\_ retainer fee. Upon receipt of your information from IRS, (Practitioner's Name) will analyze the information and give you an explanation of your options for resolving your tax problem and the cost associated with each option.

\_\_\_\_\_  
Client's Signature Date

\_\_\_\_\_  
Spouse's Signature Date