

Financial QA



SEMPER
TAX RELIEF

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Section 2. Household Monthly Income

(How much income do you bring in per month?)

	Primary Taxpayer:	Spouse
Occupation:		
Name of Employer:		
Length of time with employer: Years & Months	Yrs Months	Yrs Months
Gross Wages (Before Taxes)	\$	\$
Net Monthly Wages (After Taxes)	\$	\$
-----	-----	-----
Unemployment Income	\$	\$
Disability Income	\$	\$
Self Employed Net Income	\$	\$
Rental Income	\$	\$
Retirement Income	\$	\$
Other Income: _____	\$	\$
Other Income: _____	\$	\$

**Any other Income Source? Attach a separate sheet & proof*

Section 3: Monthly Household Living Expenses

(What *Personal* Expenses Do you pay per month?)

Persona Expense Type	\$ Amount	Personal Expense Type	\$ Amount
Housing Expense <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage	\$	Car Payment 1	\$
Insurance: <input type="checkbox"/> Renters <input type="checkbox"/> Homeowner	\$	Car Payment 2	\$
Utility - Electricity	\$	Auto Insurance	\$
Utility- Water, Sewer, Trash	\$	Public Transportation	\$
Utility Gas	\$	Child Daycare	\$
Cable TV, Internet	\$	Education Tuition	\$
Cell Phone	\$	Student Loans	\$
Health Insurance	\$	Current Year Taxes	\$
Prescriptions	\$	Quarterly ES Payments	\$
Other Medical Expenses	\$	State Delinquent Tax	\$
Dental Insurance	\$	Child Support	\$
Life Insurance	\$	Court Order Payments	\$
*Other Secured Debts:	\$	* Other _____	\$

Pay other Expenses? *Attach a sheet with an explanation & proof of expense

Section 4: Personal Assets

A. Bank Accounts

Acct #01: Type: (Checking / Savings/etc): _____ Current Balance \$ _____

Bank Name: _____ Acct # Last 4 _____

Acct #02: Type (Checking / Savings/ etc) _____ Current Balance \$ _____

Bank Name: _____ Acct # Last 4 _____

B. Cars / Vehicles Owned

Car 1 : Year/ Make Model _____ Date Purchased: _____ Fair Market Value \$ _____

Total Amount Owed: \$ _____ Lender Name: _____ Monthly Payment:\$ _____ Buy Lease or Paid off/Own

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C. Investments Accounts (IRA / 401K/Stocks/Bonds

Type: (IRA/Stock/Bonds/etc) _____ Fair Market value \$ _____ Monthyl Payments \$ _____

Company Name & Address _____ Outstanding Loan balance \$ _____ Pay off Date: _____

Type: (IRA/Stock/Bonds/etc) _____ Fair Market value \$ _____ Monthyl Payments \$ _____

Company Name & Address _____ Outstanding Loan balance \$ _____ Pay off Date: _____

D. Real Property Owned

01: Full Address : _____ County: _____

Fair Market Value: \$ _____ Monthly Payment \$ _____ Date Purchased _____

Loan Company & Address: _____ Amount Owed: _____ Final Payment (Yr/Month) _____

02: Full Address : _____ County: _____

Fair Market Value: \$ _____ Monthly Payment \$ _____ Date Purchased _____

Loan Company & Address: _____ Amount Owed: _____ Final Payment (Yr/Month) _____

Section 5: Reasonable Cause

In your own words, describe any special circumstances that need to be considered in your housing, health care, child care, or other expenses: (Long-term illness, medical condition, or disability renders you incapable of earning a living, Liquidation of assets will not allow you to meet basic living expenses, You are not able to borrow against the equity in your assets, and the sale of the assets would cause a severe financial hardship) *** Attach Additional Sheets If Necessary

Please review this Client Organizer to ensure that every Blank has been filled on. (Write "N/A" for Blanks) Your Case will be delayed if we are unable to Provide the Tax Agencies with the Required information.

I declare that I have completed the foregoing information and accompanying schedule to the best of my ability. I acknowledge that the information herein is true, accurate and complete. I have retained Semper Tax Relief (" STR") to prepare an offer in compromise, installment agreement, penalty abatement , currently non collectible, levy release, line release and /or other tax resolution matter based solely upon the financials and personal information provided to me. STR is under no obligation to verify the foregoing information or to provide any further information in connection with its services on my behalf. I understand and acknowledge that: (1) my tax resolution matter will be accepted or denied by the applicable government agency; (2) STR does not warrant or guarantee any particular outcome related related to its services ; (3) I have not relied on any statement by STR outside of those statements contained in the the documents presented to be STR; (4) STR has provided me substantial insight in regards to my matter that I would not have otherwise attained, and, as a result, I hereby agree to waive any and all claims to a refund of any sort whatsoever, in perpetuity, against STR for its services on my behalf and myself ("Dispute"), I hereby consent to binding arbitration pursuant to the rules of the American Arbitration Association ("AAA") as the sole and exclusive manner in which I may resolve such dispute. I consent the County of Los Angeles , State of California as the sole and exclusive jurisdiction and venue for the arbitration. I shall be responsible for notifying STR of the dispute, and selecting 5 (five) prospective arbitrators who are members of AAA and who have had previous experience in matters similar to that of the dispute, from which STR may select one (1) arbitrator. The arbitrator will be entitled to, but not required to provide that the losing party in any arbitration will pay all or a portion of the prevailing party's cost incurred in connection therewith including, without limitation the costs and fees of the arbitrator , provided, however, if the arbitrator declines to make such a decision, then the costs of the arbitration will be split equally between STR and myself (except that each party will bear its own attorneys fees). Any and all Disputes shall be governed by and construed and enforced by the law of the State of California, over any suit, action or proceeding initiated to enforce any arbitration award hereunder. I hereby irrevocably waive to the fullest extent permitted by law any objection I may have now or hereafter to such venue as being an inconvenient forum. If I have retained STR with either a credit card or electronic funds transfer, my signature below grant full and valid authorization to STR to charge my account in accordance with all card holder policies banking terms, conditions, regulations and promissory agreements.

Section 6: Signature & Date

I declare that I have examined the information provided in this statement and all other documents included with this questionnaire, and that, to the best of my knowledge and belief, they are true, correct, and complete.

Print Name: _____ Signature: _____ Date: _____

Spouse's Name: _____ Signature: _____ Date: _____