



James E. Shepard, Founder

**North Carolina Central University School of Law
Low Income Taxpayer Clinic ("LITC")
Client Referral Form**

The purpose of this referral form is to request that someone from the LITC contact you regarding your FEDERAL TAX MATTER.

Completing this referral form does not establish an attorney-LITC Income Taxpayer Clinic for purposes of following up with you. All referral forms will be responded to in the order received.

Last Name: _____ First: _____ Middle Initial: _____

Address: _____ Apt/Unit: _____ City: _____ St.: _____ Zip: _____

Home/Cell: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Best time to call: _____ Best Number to call: Home/Cell Work Contact by email? No Yes

Do you need an interpreter? No Yes *Note: The Clinic does not guarantee availability of interpreters*

Have you received a notice from the IRS? No Yes, complete line below:

Date of Notice: ____/____/____ Last day to Respond to Notice: ____/____/____ Notice number: _____

Do you need either Federal or State tax returns prepared*? No Yes, State Yes, Federal

If yes, which years for the State of North Carolina? _____

If yes, which years for the IRS? _____

Filing Status (select one): Married Filing Jointly Married Filing Separately Single

Head of Household Qualifying Widow(er) with dependents

**Please Note: The Clinic can only prepare tax returns in very limited circumstances.*

Have you discussed this matter with any other Individuals? Give name of individual and explain below:

Dependents (individuals you support): Number of children _____ Total household size _____

Others (i.e., parents, other relatives, specify) _____

Do all dependents live in home? If not, explain _____

Employment: Are you self-employed? No Yes, Company name _____

Taxpayer's Employer _____ Annual Salary _____

Wages \$ _____ per hour week biweek monthly Hours per week _____

Spouse's/Significant Other's Employer _____ Annual Salary _____

Wages \$ _____ per hour week biweek monthly Hours per week _____

Other Income (list dollar amount and frequency of payment below):

Alimony _____ Child Support _____

Social Security & SSI _____ Veterans' Benefits _____

Interest, Dividends or Investment Income _____ Unemployment _____

Retirement Income _____ Disability _____

Welfare (AFDC/TANF) _____ Food Stamps _____

Other, including self-employment (explain) _____

Explain your IRS (and State tax, if applicable) issue in the box provided below: