



INTERNAL TAX SETTLEMENT APPLICATION

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**PERSONAL INFORMATION**

APPLICANT: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DO YOU:  OWN YOUR HOME  RENT  OTHER (specify e.g., share rent, live with relative, etc.):

IS YOUR RENT OR MORTGAGE IN DEFUALT? Y / N

**TAX DEBT**

ESTIMATED PERSONAL IRS TAX DEBT: \$	YEARS DUE:
FISCAL YEARS OF UN-FILED FEDERAL TAX RETURNS:	
ESTIMATED PERSONAL STATE TAX DEBT: \$	YEARS DUE:
FISCAL YEARS OF UN-FILED STATE TAX RETURNS:	

**EMPLOYMENT INFORMATION FOR WAGE EARNER**

**APPLICANT**

**SPOUSE**

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_ POSITION: \_\_\_\_\_

START DATE: \_\_\_\_\_ START DATE: \_\_\_\_\_

GROSS MONTHLY INCOME: \_\_\_\_\_ GROSS MONTHLY INCOME: \_\_\_\_\_

NET MONTHLY INCOME: \_\_\_\_\_ NET MONTHLY INCOME: \_\_\_\_\_

(PLEASE USE A SEPARATE PAGE TO INCLUDE ANY ADDITIONAL EMPLOYMENT INFORMATION)

**SELF-EMPLOYMENT INCOME**  
**(SOLE PROPRIETOR ONLY, NOT INCORPORATED OR LLC)**

Business name, DBA or "Trade Name"		County of business location	Date Opened
Business address ( <i>street, city, state, ZIP code</i> ):		Brief description of the nature of the business:	
Primary phone: (     )	Website address:	Gross Monthly Income:	

**ADDITIONAL INCOME**

**APPLICANT**

**SPOUSE**

UNEMPLOYMENT BENEFITS	\$	UNEMPLOYMENT BENEFITS	\$
ALIMONY	\$	ALIMONY	\$
CHILD SUPPORT	\$	CHILD SUPPORT	\$
SOCIALSECURTY	\$	SOCIALSECURTY	\$
DISABILITY	\$	DISABILITY	\$
WORKERS COMPENSATION	\$	WORKERS COMPENSATION	\$
PENSION	\$	PENSION	\$

**OTHER INCOME**

DESCRIPTION OF OTHER INCOME	GROSS	NET	FREQUENCY
	\$	\$	

**DEPENDENTS**

NAME	AGE	RELATIONSHIP	CLAIMED AS DEPENDENT ON 1040
			YES / NO
			YES / NO
			YES / NO
			YES / NO





**INVESTMENTS** (Stocks, bonds, mutual Funds, IRA, Government Securities, money Market Funds)

TYPE	ISSUER	CURRENT VALUE	Applicant / Spouse/ Joint
		\$	A / S / J
		\$	A / S / J
		\$	A / S / J
			A / S / J

**BANK OR CREDIT UNION ACCOUNTS** (Checking, savings, certificate of deposit 'CD')

NAME OF INSTITUTION	ACCOUNT NUMBER	ACCOUNT TYPE	VALUE	Applicant / Spouse/ Joint
			\$	A / S / J
			\$	A / S / J
			\$	A / S / J
			\$	A / S / J
			\$	A / S / J

**RETIREMENT ACCOUNTS** (401k, 403B, Profit Sharing, Employer Match Programs, etc. )

TYPE	ISSUER	CURRENT VALUE	Applicant / Spouse/ Joint
		\$	A / S / J
		\$	A / S / J
		\$	A / S / J

**OTHER ASSETS**

TYPE	CURRENT VALUE	Applicant / Spouse/ Joint
CASH ON HAND	\$	A / S / J
CASH SURRENDER VALUE OF LIFE INSURANCE	\$	A / S / J
JUDEGMENTS OR SETTLEMENTS RECEIVABLE	\$	A / S / J
CRYPTO CURRENCY / NON-FUNGIBLE TOKENS	\$	A / S / J
COLLECTABLES / ANTIQUES/ ARTWORK	\$	A / S / J
FURNITURE / ELECTRONIC / PERSONAL AFFECTS	\$	A / S / J
JEWELERY	\$	A / S / J
PATENTS / COPYRIGHTS	\$	A / S / J

## OTHER INFORMATION

Have you been audited? **YES / NO** Do you owe taxes as the result of an audit? **YES / NO**

Have your wages been garnished **YES / NO** Have your bank Accounts been levied? **YES / NO**

Has the IRS placed a lien on your property? **YES / NO**

Are you currently in filing compliance with all state and federal taxes? **YES / NO**

If "No", identify tax type and period: \_\_\_\_\_

If the tax liability was business related, has the business been dissolved? **Y/N** Date dissolved? \_\_\_\_\_

Have you transferred any assets including real property for less than their full value in the past ten years? **YES / NO** If "Yes", List Assets: \_\_\_\_\_

Date transferred: \_\_\_\_\_ Value at time of transfer: \_\_\_\_\_ To Whom: \_\_\_\_\_

Is a foreclosure proceeding pending on any real estate that you own or have an interest in? **YES / NO**

Do you have any judgments against you? **YES / NO**

Are you a party to any pending lawsuit? **YES / NO**

Is there a likelihood that you will receive assets or income from an estate in probate? **YES / NO**

If "Yes", from whom? \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you a trustee, fiduciary, or contributor of a trust **YES / NO**

Do you have a safe deposit box (business or personal) **YES / NO**

Have you previously petitioned the IRS or NYS for settlement of any tax liability? **YES / NO**

If "Yes", identify tax type and period \_\_\_\_\_ date of contact: \_\_\_\_\_

Description of dealings: \_\_\_\_\_

Are you or any business that you own currently under bankruptcy court jurisdiction? **YES / NO**

Have you or any business that you have owned previously filed for bankruptcy? **YES / NO**

Have you ever been party to any litigation involving the IRS/USA (including any tax litigation) **YES / NO**

In the past 10 years, have you lived outside of the U.S. for 6 months or longer? **YES / NO**

Do you have any assets or own any real property outside the U.S.? **YES / NO**

Do you have any funds being held in trust by a third party? **YES / NO**

Do you anticipate any decrease in household income in the next two years? **YES / NO**

If "Yes", how much will the income decrease? \$ \_\_\_\_\_

Why will it decrease? \_\_\_\_\_

Do you anticipate any increase in household income in the next two years? **YES / NO**

If "Yes", how much will the income increase? \$ \_\_\_\_\_

Why will it increase? \_\_\_\_\_