**CLIENT INTAKE – TAXHELPLAW**
**J. DAVID HOPKINS, JD, LLM**

DATE:_____

NAME(S) _____
_____

SOCIAL SECURITY NUMBERS: Husband or Single:_____
Wife:_____

DATES OF BIRTH: Husband or Single:_____ Wife:_____

ADDRESS:_____
_____

TELEPHONE:_____ E-MAIL: _____

HOW DID YOU HEAR ABOUT THIS OFFICE? _____

TAX YEARS INVOLVED IN PRESENT CONTROVERSY:_____

DID YOU FILE A RETURN?:_____ DO YOU HAVE COPIES OF YOUR RETURNS?:_____

WHO WAS THE RETURN PREPARER?:_____ TYPE OF TAX: _____

PROBLEM: (Check all that apply)

_____ AUDIT _____ COLLECTIONS _____ COURT _____ APPEALS _____UNFILED RETURNS

_____ COLORADO **Do you have a Will:** _____Yes _____No

DETAILS:_____
_____
_____

PER CONSULT FEE IS **$125.00** – ATTACH TO THIS FORM PAID TO **"J David Hopkins"**
CONSULTATION FEES ARE NOT RETAINERS FOR REPRESENTATION
TAX RETURN PREPARATION IS NOT ATTORNEY WORK
**PLEASE DO NOT LEAVE ORIGINAL OR UNSOLICITED DOCUMENTS IN THIS OFFICE**

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**Credit Card Transaction Information Sheet by Client:**

Name on Credit Card:_____

Billing Address for Card: _____

Credit Card Number: _____

Type of Card: _____Visa _____MC _____Discover _____AmEx Security Code: ____ Expiration Date: _____

I hereby authorize J. David Hopkins, TaxHelp, Inc. to charge the above referenced credit card the amount of $ _____ for attorney consultation fees or retainer of J. David Hopkins Law office or TaxHelp, Inc. on this _____ day of _____, 20 _____.

_____ Date: _____
Authorized Signature E-Mail: _____

**OFFICE USE ONLY**: Fee Pd: _____

CLIENT ITEMS RETAINED (leave blank if none)

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Action Plan: _____
_____
_____
_____