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## **TAX MONITORING SERVICE QUESTIONNAIRE**

Name:
Address:
Phone:
Email:
Type of Taxpayer (Individual, Sole-proprietor, LLC, Corp., Partnership, other):
Have you had an issue with the IRS in the past? Yes or No
Do you currently have an active issue with the IRS? Please provide a brief explanation.
Please submit this form to either Clint@lottproservices.com or Mandy@lottproservices.com
We look forward to speaking with you soon.  Lott Professional Services