1. **Information about your client:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Attorney Information**

Name of Attorney:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Firm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact at law firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information about the referral:**

**i.** Purpose for the evaluation (check all that apply):

\_\_\_\_\_ Review existing returns for compliance issues

Years you want us to review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Complete returns that have not been filed or that are not correct

Years:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Assist with existing tax debt

\_\_\_\_\_\_ Are these returns going to be used in an immigration proceeding?\_\_\_\_\_

If yes, then what kind of case?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If Cancellation of Removal, send copy of 42B

\_\_\_\_\_\_ Do you need an letter addressed to a 3rd party explaining the tax returns?\_\_\_\_\_\_\_\_\_\_

If yes, to whom should it be addressed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Deadlines to have returns submitted to your office?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     1. Deadline to file in court?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Will this client receive a Social Security Number?\_\_\_\_\_\_\_

When?\_\_\_\_\_\_\_\_\_\_\_\_

Client Release of Information

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize my immigration lawyer listed above to release my tax records and to communicate with the Rock Law Group, PLC about my case. In addition, I understand that the Rock Law Group, PLC and my immigration lawyers listed above are independent entities. I understand that the Rock Law Group, PLC will not be involved with or held responsible in any way for my immigration case, and my immigration lawyer above will not be involved with or held responsible for the preparation of my tax returns or representation before the IRS. I also authorize Rock Law Group, PLC to communicate about all tax matters with said immigration counsel. Rock Law Group, PLC prepares returns based upon the direction of the immigration attorney.

Taxpayer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_