

SCOPE OF REPRESENTATION AND AUTHORIZATION AGREEMENT

I, _____ retain and authorize the student attorneys and
(Name of Client)

supervising attorneys at Southern University Law Center (SULC) to represent me, act on my half and/ or provide legal counsel relating to my representation from the following legal clinics:

Administrative/Family/Civil

Bankruptcy

Criminal

Elder Law/ Successions

Divorce/ Domestic Violence

Juvenile

Mediation

Worker's Compensation

Tax Low Income Tax Payer Clinic (LITC)

Other _____

The Client understands that this agreement does not obligate SULC to provide legal counsel to the Client in connection with any additional legal matters.

CLIENT'S CONSENT TO REPRESENTATION BY STUDENT ATTORNEYS

The primary purpose of the SULC is education. I understand that representation and counsel provided by SULC will be handled by senior law students under the supervision of faculty attorney _____ . I hereby give my permission and consent for participating law students, faculty members and visiting lecturers to know and discuss for educational purposes the otherwise confidential details of my case.

ATTORNEY FEES

Southern University Law Center is an educational clinic. No attorney's fees will be charged for the services of SULC, its legal interns or attorneys. I do understand that the court may designate that I pay an amount into the Indigent Defense Fund.

Client's cooperation and support are essential to enable SULC to provide adequate representation. Client's failure to fully participate as requested by the legal representatives will likely hinder the legal clinician's ability to perform the work requested, and could ultimately cause SULC to withdraw from representation. Client agrees to communicate truthfully with SULC. Client agrees to inform SULC if there are any changes in the Client's plans or status that might affect the subject of the representation.

CLIENT'S AND SULC'S RIGHTS TO END THIS REPRESENTATION

The Client has the right to end representation by SULC at any time. If the Client chooses to end the representation, SULC is under no obligation to make arrangements to secure replacement counsel. SULC will inform the Client of possible options in securing representation.

Within the limits established by the Louisiana Rules of Professional Conduct SULC reserves the right to withdraw from this representation if the client refuses to abide by the terms of this agreement relating to the representation.

Before signing this agreement, Client has had the opportunity to read and discuss the agreement and to ask questions the Client may have had about the consent of this agreement or representation by SULC.

Client's Signature: _____

Date: _____

Student Attorney: _____

Date: _____

Supervising Attorney: _____

Date: _____

Tax Information Authorization

OMB No. 1545-1165
For IRS Use Only
Received by:
Name _____
Telephone _____
Function _____
Date _____

▶ Information about Form 8821 and its instructions is at www.irs.gov/form8821.
 ▶ Do not sign this form unless all applicable lines have been completed.
 ▶ To request a copy or transcript of your tax return, use Form 4506, 4506-T, or 4506T-EZ.

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address (type or print)	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address	CAF No. PTIN Telephone No. Fax No. Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax <small>(Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, etc.) (see instructions)</small>	(b) Tax Form Number <small>(1040, 941, 720, etc.)</small>	(c) Year(s) or Period(s) <small>(see the instructions for line 3)</small>	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 ▶

- 5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):
- a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶
 - Note.** Appointees will no longer receive forms, publications and other related materials with the notices.
 - b If you do not want any copies of notices or communications sent to your appointee, check this box ▶

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box ▶

To revoke this tax information authorization, see the instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.
 ▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature	Date
Print Name	Title (if applicable)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	

Southern University Law Center
LOW-INCOME TAX CLINIC
Intake Form

TAXPAYER INFORMATION

Client Number: _____ Date Opened: _____ Date Closed: _____

Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____ Female Male

Current Address: _____
Street Address City/State/Zip Code

Telephone: _____
Home Cell Work

Email (Optional): _____

Relationship Status:

Single Married Legally Separated Divorced Widowed Significant Other

Spouse's Information

Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

Telephone: _____
Home Cell Work

Email (Optional): _____

ELIGIBILITY REQUIREMENTS

Current on all filings: Yes No Years not filed: _____

Dependents

Number of Children: _____ Others: _____ Living at Home: _____ Total Size of Family Unit: _____

Tax Years Involved: _____ Controversy Amount: \$ _____

Employment: _____

Name of IRS Contact: _____ Telephone: _____

Email (Optional): _____

Monthly Income

Gross Salary: _____ Veterans' Benefits: _____ Child Support: _____

Net Self-Employed: _____ Survivor Benefits: _____ Foster Child Program: _____

Unemployment: _____ Disability Benefits: _____ Military Family: _____

Workers Compensation: _____ Retirement Income: _____ Net Gambling Winnings: _____

Annual Total: \$ _____

Social Security Benefits: _____ Dividends/Interest: _____

Financial Aid from Family & Friends: _____

Supplemental Security: _____ Educational Assistance: _____

Public Assistance/Welfare: _____ Alimony: _____ Monthly Total: \$ _____

Assets:

Home: _____ Vehicles: _____ Other: _____

Other Real Estate: _____ Retirement Savings: _____

Liabilities:

Mortgage: _____ IRS: _____ Medical Debts: _____

Credit Cards: _____ Auto Loan (s): _____ Other: _____

Expenses:

Childcare: _____ Education: _____ Other: _____

Medical: _____ Rent: _____ Other: _____

Transportation: _____ Mortgage: _____ Other: _____

NATURE OF INQUIRY

Brief Description of Issues Involved: _____

Agency Tax Controversy:

Federal State Local Other

Current Status:

Audit 30-Day Letter & Date Issued 90-Day & Date Issued

Docketed in Tax Court

Docket #: _____ Date of Petition: _____

Income Ceiling (250% of Poverty Guidelines) as of 2/1/2013		
Size of Family Unit	Income Ceiling	Marital Status:
1	\$28,725	Dependents:
2	\$38,775	
3	\$48,825	
4	\$58,875	
5	\$68,925	

For family units with more than five members, add \$10,050 for each additional member:

CONTROVERSY ACTIVITIES

- Income > Poverty 250 % Poverty Level
- Amount in Controversy > \$50,000
- Total Supplemental Issues Addressed
- Petition Filed in U.S. Tax Court
- Refund Suit Filed in Federal Court
- Related Bankruptcy Case
- Controversy Case Opened for ESL TP
- Case Referred to Pro Bono or LITC Representative
- Case Referred to TAS
- Consultation not Resulting in Representation
- Informal Consultation in U.S. Tax
- Informal Consultation in Federal Court
- Consultation; Not LITC Eligible; Referred Out
- State Income Tax Matter
- Assistance Provided But Case Not Opened
- Current Return Prepared Directly Related to Controversy
- ITIN Application Prepared Directed Related to Controversy

SUPPLEMENTAL ISSUES

- Levies
- Liens
- Payments
- CDP
- Other Civil Penalties
- Automated Under-Reporter
- Amended Returns
- Office or Field Exam (Non-EITC)
- CNC
- EITC
- Victim of Fraudulent Preparer
- Other Correspondence
- CAP
- Bankruptcy
- Automated Substitute for Return
- Cancellation of Theft
- ITIN Application
- Appeals (Non-CDP)
- Refund Claim
- Refund Litigation
- Innocent Spouse
- Employment Tax Liability
- Trust Fund Recovery Penalty
- Audit Reconsideration
- Identity Theft
- OIC
- Installment Agreements
- Non-Filer
- Other Issues:

