

Attorneys:

William E. McLeod, LL.M. (Tax), JD, CPA*
bmcleod@eptaxlaw.com

Matthew W. Rigel, JD
mrigel@eptaxlaw.com

April C. Ladner, JD, Of Counsel**

Will Russell, LL.M. (Tax), JD, Of Counsel

Jane C. Harkins, LL.M. (Estate Planning), JD**
 Of Counsel

* McLeod & Associates, P.A.,
 is not a CPA firm

**Also admitted in Alabama

ATTORNEYS AT LAW

10 Professional Parkway
 Hattiesburg, MS 39402
 Telephone: (601) 545-8299
 Facsimile: (601) 545-8298

Paralegals:

Brad C. Stinson
bstinson@eptaxlaw.com

Marie R. Speed, CP
 Certified Paralegal
mspeed@eptaxlaw.com

Administrative Assistant:

Linda Welborn
lwelborn@eptaxlaw.com

Legal Assistants:

Hannah Parker
hparker@eptaxlaw.com

Savannah Gee
sgce@eptaxlaw.com

TAX MATTERS REPRESENTATION QUESTIONNAIRE

Thank you for requesting our Tax Matters Representation Questionnaire. In order to better serve your needs, please review and complete the following information and return the completed Questionnaire to our office. We will then prepare an engagement letter and provide you with an estimate of fees with respect to this engagement. If you have any questions, please contact our office. Completion of this Questionnaire does not mean we are representing you. You will need to sign an engagement letter before representation can begin.

Thank you for selecting our firm to possibly represent you with respect to your tax controversy matter. We look forward to hopefully working with you.

1. Name: _____
2. Address: _____
3. Email: _____
4. Phone: _____
 - a. Office _____
 - b. Home _____

- c. Cell _____
5. Place of Employment: _____
Address/Telephone: _____
6. Name, Address and Contact Information of your Accountant/CPA:

Address: _____
Email: _____ Phone: _____
7. Have you filed all tax returns related to this matter? _____
8. Jurisdiction of tax: (circle all that apply.) Federal or State
9. Amount in controversy: \$ _____
10. Type of tax: (Income, Employment, Sales, Estate/Gift, etc.) _____
11. Please provide us with copies of all correspondence, tax returns and any additional information you have regarding this matter.
12. Names and contact information for any other parties involved, including spouse and/or business owner: _____

13. Briefly explain the circumstances: _____

14. Do you have the ability to pay the tax? _____
15. Do you dispute the amount of tax owed? _____
16. What are you trying to achieve for this tax controversy matter? (One time pay-off amount, installment agreement, etc.) _____

17. Have you corresponded with the IRS or the MDOR regarding this matter? If so, when? _____ What was resolved? _____

18. Social Security Number _____.
- We must have your Social Security Number in order to complete the necessary Power of Attorney Forms which will allow you to represent you before the IRS and or the Mississippi Department of Revenue.

AUTHORIZATION TO DISCLOSE INFORMATION

As an attorney, my firm and I are required to keep your information confidential unless you specifically allow us to disclose it to others. The Federal Trade Commission requires anyone giving significant "financial advice" to let you know their policy of disclosure of information. The Federal Trade Commission requirement is found at 16 CFR § 313.4 (C)(3)(c). Our policy is to not disclose anything about your financial information to others if not specifically allowed and instructed to do so by you.

Only you can choose to allow our firm and me to disclose information about your legal and financial matters to others. The following is a list of your instructions about people you authorize my firm and me to provide any such information to. We will disclose only such information as we may believe to be in your best interest.

I, _____ (client), authorize McLEOD & ASSOCIATES, P.A., and my attorney, to communicate with the following people about my financial or legal matters. ("Now" means at any time prior to my incapacity.)

	Now	After Incapacity
_____ Any Beneficiary: _____	_____	_____
_____ Except: _____	_____	_____
_____ My Trustee, Power of Attorney Agent, or Health Care Agent: _____	_____	_____
_____ My Accountant, Banker, or Financial Planner:	_____	_____
_____ My Insurance Agent:	_____	_____

Other Instructions:

Dated: _____ (Signature) _____