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**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 & RIGEL, 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.)

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

Other Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)