



Tax Liens

Please print clearly. Check one box per question unless otherwise indicated.

First Name

Last Name

Email

Mobile Phone Number

City

County

State

Spouse, First Name

Spouse, Last Name

Spouse, Email

Spouse, Mobile Phone Number

Are the tax liens (if more than 1) City, County, State, or Federal tax liens? (Check all that apply.)

☐ City ☐ County ☐ State ☐ Federal

Tax Liens

Continued

Approximately how much is alleged to be owed?

Have you had a court enter a judgment against you yet?

☐ Yes

☐ No

If not, did you receive a court date yet?

Are you employed full time?

☐ Yes

☐ No

Are you 1099'd, W-2'd, or not working?

☐ 1099 ☐ W-2 ☐ Not working

Have you filed tax returns every year, for the last 7 years?

☐ Yes

☐ No

If not, which years didn't you file?

How much equity do you currently have (approximate, not including your home, car, or retirement accounts)?

Disclaimer

All coaching advice of any and all sort, and all platform advice, and all business advice, and group meeting advice, of any sort, is not to be deemed as, nor relied upon as, nor to be construed as Financial Advice, Legal Advice, Accounting Advice, Insurance Advice, Stock Market Advice, or other.

Signature

Date

Printed Name