

## State Tax Debt 1<sup>st</sup> Contact Worksheet - Individual

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

Taxpayer/Client: \_\_\_\_\_

Phone Number Called: \_\_\_\_\_ Rep Name: \_\_\_\_\_

POA on File?

Yes

No Fax #: \_\_\_\_\_ Call Back Date: \_\_\_\_\_

- Balance Check

Tax Period	Tax Type	Filing Status	Original?	Balance	Tax	Interest	Penalties	In Collections

- Repayment Options: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Special Office or Assigned Rep ?

No

Yes Phone #: \_\_\_\_\_ Name: \_\_\_\_\_

- Collection Hold Expiration Date (if Applicable): \_\_\_\_\_

- NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_