

Phone: (813) 444-4800

PO Box 10599, Brooksville FL 34603 questions@freedomlawschool.org

Restore Freedom Plan Estimated Membership Contribution for Year 2024

(Please fill in the blanks clearly and legibly.)

Your full legal name								
Spouse's full legal name, if joining with you								
Street Address			City					
State	Zip Code	_ E-Mail						
Primary phone #	Secondary phone #							
Do you have any unsettled issue or problem, either civil (money) or criminal, with the IRS, state, county, or city income tax agency?Yes ¹No								

I have read and agree to abide by the Restore Freedom Plan (RFP) Agreement, which can be found at <u>freedomlawschool.org/rfp-agreement</u>.

I hereby request to be a member or joint members of the RFP, which is designed and intended to restore honest, responsive, and limited government to the United States of America.

I will read and understand the three Petitions to Congress available for reading and download at freedomlawschool.org/step-5. I understand that FLS on my behalf will mail by certified mail all three of these petition letters to my three Congress members.

¹ No one is turned away due to a pre-existing condition with the IRS or a state or local income tax agency. However, you may incur additional costs for Freedom Law School to defend you or assist you with your pre-existing condition.

I am signing my name in the box below for FLS to use for the Petitions to Congress campaign only. Leave the space below blank if you prefer that we mail the signature pages to you for your signature. Please keep your signature entirely within the box.

Applicant's signature:	Spouse's signature:		

I understand that the 100% Guarantee² only covers non-federal income that I have not reported on a 1040 form. If I had federal income such as a military pension, I will follow FLS instructions to file an appropriate income tax form for that income only.

The RFP annual contribution rate is set by the amount of income tax the IRS may want to misapply and attempt to collect from you for the above year. This is the amount FLS is guaranteeing with our 100% Guarantee to lawfully keep the IRS from taking from you.

For this reason, FLS needs to know how much income you would have reported to the IRS on a 1040 form if the federal income tax laws actually applied to your income, that is, if you had been a citizen or resident of the District of Columbia or if any of your income was from federal government employment or federal contract work.

If you are having difficulty summarizing a whole year's worth of income and expenses, please call us and we will assist you by phone to answer the following income tax related questions correctly. Call FLS Monday through Friday, 9:00 AM to 6:00 PM Eastern time, at (813) 444-4800.

FLS operates on an honor basis, trusting you to be truthful in filling out your financial details below.

² The 100% Guarantee is valid for as long as you remain a Restore Freedom Plan member.

be limited or withdrawn entirely . Please fill in all blanks below:
• At the end of this year, I expect my marital status to be: Single \(\square \) Married \(\square \) or married, but expecting my spouse to file a 1040 income tax form for this year \(\square \)
 At the end of this year, I expect the number of my dependent children age 16 or younger to be
• Estimated employment income (wages or salary), total: \$
 Federal income tax withheld by employer(s) so far this year: \$
• Estimated net business profits such as from sole proprietorship ("self-employment" income; gross receipts minus business expenses): \$
• Long-term capital gains, such as from sales of real estate, stocks, bonds, or cryptocurrency (sale price minus purchase price): \$
• Expected Social Security income, total \$
 Expected "other" income such as interest, dividends, S-corp. & partnership distributions, net rental income (after rental property expenses), and retirement income such as IRA's (other than Roth), 401(k)'s, and pensions: \$ Estimated federal income taxes already paid for this year: \$
Any other expected income not listed above:
After filling in the above information, please use the RFP Price Calculator at calculator.freedomlawschool.org, or call FLS to assist you. The amount from the
online RFP Price Calculator or from an FLS activist is \$,
which is my estimated RFP membership contribution for this year. I understand that
my final contribution amount will be determined after January 1, 2024, once my
income for 2024 can be exactly determined.

I understand that if any of my answers below are incorrect or change without me

having notified FLS in a timely manner, my Restore Freedom Plan (RFP) benefits may

	y if you paid a Consu			
\$ Therefore	•	_		
FLS accepts payment	.	• • • • •		
send the <u>original</u> along w		,		
School, PO Box 10599				
payment, call to give us t	the tracking num l	ber from the	U.S. Postal Se	ervice receipt.
To pay with cryptoc	urrency which has	a 5% process	ing fee, or wi	th gold or
silver, please contact	FLS at (813) 444-48	300 or <u>questio</u>	ns@freedom	lawschool.org.
I have enclosed cash o	or sent cryptocurrer	ıcy or preciou	s metals payı	ment in full of
\$, or a do	own payment of \$	and	l (fill in a nun	nber)
number of Monthly 🗆 🔾	or Quarterly 🗆 payı	ments of \$	pe	er period to be
paid before the end of 20	24.			
This agreement is goo	od for the current ye	ar. By April 1	5 of next year	;, I will
recalculate my RFP contr	ribution rate and pa	y the difference	ce, if any. I m	ay renew my
membership at the applic	cable renewal rate e	ach year follo	wing, which v	will be based on
my marital status, amour		•	_	
children age 16 or younge	· -		,	
		•		
Applicant's signature	Spouse's signat	ure	How I heard	about FLS
Space be	elow is for Freedo	om Law Scho	ool use only	y:
Notes:				
		Acceptance date		

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