



**FREEDOM  
LAW SCHOOL**

[FreedomLawSchool.org](http://FreedomLawSchool.org)

Phone: (813) 444-4800

PO Box 10599, Brooksville FL 34603

[questions@freedomlawschool.org](mailto:questions@freedomlawschool.org)

## *Restore Freedom Plan Application for Tax Year 2025*

**(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** <sup>1</sup> \_\_\_\_\_ **No**

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

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-4](http://freedomlawschool.org/step-4). I understand that FLS on my behalf will mail by certified mail all three of these petition letters to my three Congress members.

I am signing my name in the box below for FLS to use for the Petitions to Congress

<sup>1</sup> 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.

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:

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I understand that the 100% Guarantee <sup>2</sup> only covers me if I lived and worked outside the District of Columbia (D.C.) and did not report my income for the plan year on a 1040 form. If I had income from federal government work done in D.C., 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 (D.C.) or if any of your income was from federal government work done in D.C.

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.**

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

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 be **limited or withdrawn entirely**. Please fill in **all** blanks below:

- On December 31, 2025, my marital status was: Single  Married  or Married, but spouse is choosing to file a 1040 income tax form for 2025
- On December 31, 2025, the number of my dependent children age 16 or younger was \_\_\_\_\_.
- Employment income (wages or salary from W-2), total: \$ \_\_\_\_\_
  - Federal income tax withheld by employer(s) (on W-2): \$ \_\_\_\_\_
- 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): \$ \_\_\_\_\_
- Total Social Security income \$ \_\_\_\_\_
- Combined “other” income such as interest, dividends, S-corp. & partnership distributions, net rental income (after rental property expenses), and retirement income such as from IRA’s (other than Roth), 401(k)’s, and pensions: \$ \_\_\_\_\_
- Federal income taxes already paid for 2025: \$ \_\_\_\_\_
- Any other income not listed above: \_\_\_\_\_

After filling in the above information, please use the RFP Price Calculator at [calculator.freedomlawschool.org](http://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 RFP membership contribution for 2025. This contribution amount is subject to approval.

Fill in this part only if you paid a Consultation fee to us. Consultation fee credit is \$\_\_\_\_\_. Therefore, my membership balance for 2025 is \$\_\_\_\_\_.

FLS accepts payment using cash, cryptocurrency, gold, or silver. To pay with **cryptocurrency**, or with **gold or silver**, please contact FLS at (813) 444-4800 or [questions@freedomlawschool.org](mailto:questions@freedomlawschool.org).

To pay with **cash**, send the original along with cash payment by Registered Mail® to: **Freedom Law School, PO Box 10599, Brooksville FL 34603**. To guarantee we credit the payment to your account, **call** us at (813) 444-4800 to give us the **tracking number** from your U.S. Postal Service® mailing receipt.

I have enclosed cash or sent cryptocurrency or precious metals payment in full of \$\_\_\_\_\_ , or down payment of \$\_\_\_\_\_ and \_\_\_\_\_ number of monthly payments (4 maximum) of \$\_\_\_\_\_ per month to pay the balance.

This agreement is good for tax year 2025. Each year, I may renew my membership at the applicable renewal rate, which will be based on my marital status, amounts and types of income, and number of my dependent children age 16 or younger at the end of that year.

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Applicant's signature

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Spouse's signature

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How I heard about FLS

**Space below is for Freedom Law School use only:**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acceptance signature: \_\_\_\_\_ Acceptance date \_\_\_\_\_

**(813) 444-4800**

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