



**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 and Estimated Membership Contribution for Tax Year 2026**

**(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.

<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.

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% Guarantee <sup>2</sup> only covers me if I live and work outside the District of Columbia (D.C.) and do not report my income for the plan year on a 1040 form. If I have 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 plan year. This is the amount FLS is guaranteeing with our 100% Guarantee to lawfully keep the IRS from taking.

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 apply to you and your income, that is, if you are a citizen or resident of the District of Columbia (D.C.) or if any of your income is 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:

- At the end of this year, I expect my marital status to be:    Single ☐    Married ☐  
or married, but expecting my spouse to file a 1040 income tax form for this year ☐
- 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](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 estimated RFP membership contribution for this year.

Fill in this part only if you paid a Consultation fee to us. Consultation fee credit is \$\_\_\_\_\_. Therefore, my estimated membership balance for tax 2026 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 that we credit your payment, **call** to give us the **tracking number** from the U.S. Postal Service® mailing receipt.

After subtracting a first-year pre-payment discount of 10%, I have enclosed cash or sent cryptocurrency or precious metals payment in full of \$\_\_\_\_\_, or a down payment of \$\_ and (fill in a number) \_\_\_\_ number of Monthly ☐ or Quarterly ☐ payments of \$\_\_\_\_\_ per period to be paid before the end of 2026.

This agreement is good for the current year. By April 15 of next year, I will recalculate my RFP contribution rate and pay the difference, if any. I may renew my membership at the applicable renewal rate each year following, 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.

_____ Applicant's signature	_____ Spouse's signature	_____ How I heard about FLS
--------------------------------	-----------------------------	--------------------------------

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

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

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

**(813) 444-4800      [FreedomLawSchool.org](http://FreedomLawSchool.org)**

**Freedom Law School, PO Box 10599, Brooksville FL 34603**