



14109 Brandywine Rd #973  
 Brandywine, MD 20613  
 Phone: 844-4MY-TAXX  
 Fax: 844-469-8299

GENERAL INFORMATION

New Customer     Returning Customer     Referred by \_\_\_\_\_

**CLIENT PROFILE**

**TAXPAYER NAME**

Name:

Date of birth:	SSN:	Email Address:	
Home Phone:	Work Phone:	Cell Phone:	
ID: Type (DL, State, Passport):	No.:	Issue Date:	Exp. Date:

**SPOUSE NAME**

Name:

Date of birth:	SSN:	Email Address:	
Home Phone:	Work Phone:	Cell Phone:	
ID: Type (DL, State, Passport):	No.:	Issue Date:	Exp. Date:

**ADDRESS**

Current address:

City:	State:	ZIP Code:
<b>Did you receive BOTH stimulus payments?</b>	First Payment: \$ _____ (\$1200 (S) or \$2400 (MFJ) + \$500/dependent)	Second Payment: \$ _____ (\$600/person)

**TAX INFORMATION**

Are the Tax Payer and Spouse legally married?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Filing Status (Choose only ONE status):	Single <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Widowed <input type="checkbox"/> Married Filing Joint <input type="checkbox"/>

**DEPENDENTS**

Name:	Date of Birth	Social Security #	Relationship	Months in Home

**SIGNATURES**

MyTaxx Office will prepare your individual tax return from the information you have provided. The IRS may request that we verify the information you furnished to us. You, the taxpayer, are ultimately responsible for the preparation and filing of your tax return.

I, the taxpayer named above, have provided to MyTaxx Office the attached tax information and to the best of my knowledge this information is true, correct, and complete.

Signature of applicant:	Date:
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Signature of spouse (only if applicable):	Date:
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**[PLEASE COMPLETE BOTH PAGES OF THIS FORM]**

## COMPLIMENTARY LIFE SAVINGS BENEFIT ILLUSTRATION

Do you currently have savings, retirement, or other assets? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, check all that apply:	Annuities <input type="checkbox"/> CDs <input type="checkbox"/> 529 Plan <input type="checkbox"/> IRA/Roth <input type="checkbox"/> 401K, 457, TSP, Other <input type="checkbox"/>
Monthly Contribution: \$ _____	Current Savings/retirement account balance: \$ _____
Are you a smoker? Yes <input type="checkbox"/> No <input type="checkbox"/>	Age: _____ Spouse Age: _____
Children:	
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Are you a Business Owner / Self-Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of Employees / Key Leaders? _____
Do you currently have Life Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: _____ Monthly Premium: \$ _____
Do you currently have health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	

*Have we done a good job?*

## WE NEED YOUR HELP TO SPREAD THE WORD!

Do you know anyone who:

- Needs their taxes done?
- Wants lifetime income?
- Wants a tax-free retirement account?
- Has children and wants a "Million Dollar Baby"?

***We pay you for referrals!***

Name	Phone	Taxes	Lifetime Income	Tax-free Retirement	Million Dollar Baby
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Thank you for your patronage!*