



14109 Brandywine Rd #973
Brandywine, MD 20613

Phone: 844-4MY-TAXX
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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:

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:
Signature of spouse (<i>only if applicable</i>):	Date:

[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!