



CLIENT INFORMATION

CONTACT INFORMATION

Name/Address:		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
		Spouse Name:	
SSN:	DOB:	SSN:	DOB:
Phone(home)	Occupation:	Phone (home):	Occupation:
Phone (cell)	E-mail:	Phone (cell):	E-mail:
Phone (office):		Phone (office):	
Preferred way to contact: <input type="checkbox"/> Phone # _____ <input type="checkbox"/> Email <input type="checkbox"/> Text phone # _____ Carrier _____			

DEPENDENT INFORMATION

Name:		Name:	
DOB:		DOB:	
SSN:		SSN:	
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade:
Name:		Name:	
DOB:		DOB:	
SSN:		SSN:	
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade:

TASKS

<input type="checkbox"/> Tax Preparation	<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Representation	<input type="checkbox"/> Estate/Trust
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BUSINESS INFORMATION (IF APPLICABLE)

Date business commenced	Tasks:		
Tax I.D.#	<input type="checkbox"/> Sales & Use	<input type="checkbox"/> Personal Property Declaration	
Business Address:	<input type="checkbox"/> Quarterly Payroll Returns	<input type="checkbox"/> 1099's	
	<input type="checkbox"/> QuickBooks	<input type="checkbox"/> Entity Discussion	
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Tax Preparation	<input type="checkbox"/> Other Consulting
<input type="checkbox"/> Other	<input type="checkbox"/> Partnership		

SIGNATURE(S)

Taxpayer	Spouse
Date:	Date:

The IRS requires that you report all income, from whatever source derived, and maintain and retain records substantiating all items reported on your return. Specific written records are required for deductions of charitable contributions, travel, entertainment, auto mileage, and computer use. Maxx Refunds is your Advisor and Preparer, but you have the final responsibility for accuracy and overall correctness of your return. By my/our signature(s) below, I/we certify that the information being submitted is for the purpose of the preparation of my/our tax return(s) and is true, correct, complete and all-inclusive to the best of my/our knowledge, and I/we have the required records. Additionally, the State of Illinois requires that you report out of state purchases and pay the use tax. This I/we have done.