



CLIENT INFORMATION

CONTACT INFORMATION (please print)			
Name / Address		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Taxpayer Name:		Spouse Name:	
Address: _____ _____		Address: _____ _____	
SSN: _____	DOB: _____	SSN: _____	DOB: _____
Phone (cell)	Occupation:	Phone (cell)	Occupation:
Phone (office):	E-Mail:	Phone (office):	E-Mail:
Preferred way to Contact:		<input type="checkbox"/> Phone # _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> Text Phone # _____	

DEPENDENT INFORMATION

Name:		Name:	
DOB:		DOB:	
SSN:		SSN:	
Student: <input type="checkbox"/> Y <input type="checkbox"/> N	Grade:	Student: <input type="checkbox"/> Y <input type="checkbox"/> N	Grade:
Name:		Name:	
DOB:		DOB:	
SSN:		SSN:	
Student: <input type="checkbox"/> Y <input type="checkbox"/> N	Grade:	Student: <input type="checkbox"/> Y <input type="checkbox"/> N	Grade:

TASKS

<input type="checkbox"/> Tax Preparation	<input type="checkbox"/> Representation	<input type="checkbox"/> Accounting	<input type="checkbox"/> Business Coaching
Name:		Name:	
DOB:		DOB:	
SSN:		SSN:	
Student: <input type="checkbox"/> Y <input type="checkbox"/> N	Grade:	Student: <input type="checkbox"/> Y <input type="checkbox"/> N	Grade:



BUSINESS INFORMATION (IF APPLICABLE)			
Date Business commenced / started:		Tasks:	
Federal Tax ID#	<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"/> Business Coaching
<input type="checkbox"/> LLC	<input type="checkbox"/> S Corp	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
<p>The IRS and State require 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. Lodge & Co. is your advisor and preparer, but you have the final responsibility for accuracy and overall correctness of your return. By my/our signature(s) above, 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.</p>			
SIGNATURE(S)			
Taxpayer:		Spouse	
Date:		Date:	

<p>NOTES:</p>
