

QUALITECH PROFESSIONAL SERVICE
INCOME TAXES 2011
CLIENT PROFILE FORM

Were you our Tax customer last year? Yes | No

How did you hear about us? Paper _____ friend _____ Flyer _____

Personal Information

First Name: _____ Last Name: _____

Social Security # _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work # _____ Home # _____ Cell # _____

Occupation: _____

E-MAIL: _____

Spouse Information

First Name: _____ Last Name: _____

Social Security #: _____ Date Of Birth _____

Work #: _____ Home #: _____ Cell #: _____

Occupation: _____

E-MAIL: _____

Filing Status

Single _____ Head of Household _____ Married Filing Jointly _____ Widower _____ Married Filing Separately _____

<i>Dependents</i>				
<i>Name</i>	<i>DOB</i>	<i>SSN #</i>	<i>Relationship</i>	<i># Of Months living w/ child</i>

Dependents not living with you but supported by you for at least 6 months

Name _____ *SSN#* _____

DOB _____

Daycare / Qualified after school Program / Camp

Name: _____ *SSN or EIN#* _____

Total Amt Paid: \$ _____

Address

Total Rent Paid in 2011: \$ _____

<i>Homeowner # of Units</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Ⓢ Condominium</i>
<i>Property Specs:</i>					
<i>List of Addresses</i>	<i>Rent</i>	<i>Taxes</i>	<i>INS</i>	<i>Water</i>	<i>Repairs</i>

1. Bank Interest? Yes - \$_____ No _____ Paid Private Health INS? Y / N

2. Unemployment Comp? Yes - \$_____ No _____ Citizen / Resident Alien? Y / N

3. Did you receive an IRA, Pension or annuity distribution? Y / N

Customer's Signature _____ Date _____

Spouse's Signature _____ Date _____

All filling fees are due at time of service

Office use Only

- Please attach a copy of picture I.D. Social Card and Original W-2 forms
- No typewritten SS Cards (Call Office) All typewritten W - 2's must be verified
- Both Husband and Wife family in United State to receive EIC
- All applicants must be 18 years of age (Husband and Wife)

By signing this form, I hereby certify, all information provided to Qualitech Professional Services is true to the best of my knowledge and belief (I | we) Understand that any assessments or penalties made by the IRS due to omissions or erroneous information provided to Qualitech. I | We waive the right to pursue legal action against Qualitech Also. (I | We) will seek proper Legal representation outside Qualitech Professional Services Premises) and agree to pay all preparation fees to Qualitech at time of Service