

**QUALITECH PROFESSIONAL SERVICE**  
**INCOME TAXES 2015**  
**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: \_\_\_\_\_

Identity Protection PIN \_\_\_\_\_

**Spouse Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation: \_\_\_\_\_ e-mail: \_\_\_\_\_

PIN \_\_\_\_\_

**Filing Status**

\_\_\_ Single \_\_\_ Head of Household \_\_\_ Married Filing Jointly \_\_\_ Widow \_\_\_ Married Filing Separately

<b>Dependents</b>				
Name	DOB	SSN #	Relationship	# Months living w/child
	/ /	- -		
	/ /	- -		
	/ /	- -		
	/ /	- -		

Dependents not living with you but supported by you for at least 6 months YES \_\_\_ NO \_\_\_

Daycare/Qualified after school Program/Camp YES \_\_\_ NO \_\_\_  
 Total Rent Paid in 2015: \$ \_\_\_\_\_

<b>Dependents Supporting Documents</b>	Social Security Card	Proof of address	School Letter	Medical Record	Child Care Records	Place of Worship	Social Service Records	Lease agreement	Employer Statement
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**Homeowner Yes / NO**  
 # Of Units      1      2      3      4      & Condominium

**Self Employed Yes / NO**  
 If you are provide Business name \_\_\_\_\_  
 EIN: \_\_\_\_\_ - \_\_\_\_\_ Business address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Forms 1099 Misc or Contractor	Records of gross receipts provided by taxpayer	Taxpayer summary of income	Records of expenses by taxpayer	Taxpayer Summary of Expenses	Reconstruction of income and expenses	Bank Statements	Profit & Loss Statements
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1. Bank Interest? Yes \_\_\_ (\$ \_\_\_\_\_) No \_\_\_
2. Unemployment Comp? Yes \_\_\_ No \_\_\_
3. Citizen \_\_\_ Resident Alien \_\_\_
4. IRA, Pension or annuity distribution? Yes \_\_\_ No \_\_\_
5. Health Insurance - Yes \_\_\_ No \_\_\_ Private \_\_\_ Medicare/Medicaid \_\_\_

Insurance Name: \_\_\_\_\_ Primary Member # \_\_\_\_\_

- Purchase through the exchange marketplace Yes \_\_\_ No \_\_\_
- Purchase through employer Yes \_\_\_ No \_\_\_
- Covered the whole year Yes \_\_\_ No \_\_\_ if not how many months \_\_\_\_\_
- Do you have the insurance card with you? Yes \_\_\_ No \_\_\_

6. Do you have form 1095-A Yes \_\_\_ No \_\_\_
7. Do you contributions to your HSA Acct Yes \_\_\_ No \_\_\_

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, Insurance card and Original W-2 forms
- No typewritten SS Cards. All typewritten W – 2's Must be verified
- When Claiming EIC dependents information MUST be verified.
- All applicants must be 18 years of age.
- All Self employed clients Must submit accurate business income & expenses records at the time of filing.
- Additional fees for copies of tax returns must to be collected before giving it client

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, penalties or audits by the IRS due to omissions or erroneous information provided to Qualitech, ( I / We ) waive the right to pursue legal action against Qualitech Professional Services. ( I / We ) will seek proper Legal representation if necessary outside Qualitech Professional Services and agree to pay all document preparation at time of Service