

QUALITECH PROFESSIONAL SERVICE
INCOME TAXES 2020
CLIENT PROFILE FORM

Were you our Tax customer last year? Yes ___ No ___
 How did you hear about us? ___ Paper ___ Friend ___ Flyer ___

1. Filing Status ___ Single ___ Head of Household ___ Married Filing Jointly ___ Widow ___ Married Filing Separately

2. 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 _____

3. Spouse Information

First Name: _____ Last Name: _____

Social Security #: _____ - _____ - _____ Date Of Birth ____/____/____

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

Occupation: _____ e-mail: _____

PIN _____

4. Dependents

Name	DOB	SSN #	Relationship	#months living w/child
	/ /			
	/ /			
	/ /			
	/ /			

Dependents not living with you but supported by at least 6 months YES ___ NO ___

Daycare/Qualified after school Program/Camp YES ___ NO ___

Did you receive the Stimulus Check? 1st \$ _____ 2nd \$ _____

Dependents Supporting Documents	Social Security card	Insurance enrollment	School Verification Letter	Physical form	Child Care Letter	Place of Worship	Social Service Records	Lease agreement	Employer Statement
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If dependent is not your child

Do you know where the child's parents are? ___yes___no
 Did one the parents lived with you?___yes___no
 Did anyone else live with you?___yes___no
 Can anyone else possible claim the child?___yes___no
 Is there an active 8332 Release/Revocation form in place? yes___no

Homeowner Yes / NO

of Units 1 2 3 4 & Condominium (Complete Real Estate Property Form)

Self Employed Yes / NO

Business name _____

EIN: _____ - _____ Business address: _____

City _____ State _____ Zip _____ Ph: _____

E-mail: _____

Forms 1099 Misc & Contractor Letter	Records of gross receipts provided by taxpayer	Taxpayer summary of Income	Records of expenses provided 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 ___

Client's Signature _____ Date _____

Spouse's Signature _____ Date _____

******Filing fees are due at the 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 to the client

By signing this form, I hereby certify that all information provided to Qualitech Professional Services is true ,correct 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 . (I / We) will seek proper Legal representation if necessary outside Qualitech Professional Services and agree to pay all document preparation at time of Service.