



UNIQUE TAX GROUP

6065 Hillcroft Ave. Ste 404 Houston Texas 77081

Phone: (713) 360-7730 • Fax: (281) 715-5330

www.uniquetaxgroup.com

CLIENT PROFILE

DATE _____

PREVIOUS CLIENT YES NO

PLEASE PRINT AND COMPLETE BOTH SIDES OF THIS FORM

TAXPAYER INFORMATION

NAME	
DOB (mm/dd/yyyy)	SSN
PHONE ()	PHONE ()
EMAIL ADDRESS	

SPOUSE INFORMATION

NAME	
DOB (mm/dd/yyyy)	SSN
PHONE ()	PHONE ()
EMAIL ADDRESS	

RESIDENCY

CURRENT ADDRESS	APT#:
CITY:	
STATE:	
ZIP CODE	

ARE TAX PAYER AND SPOUSE LEGALLY MARRIED? YES NO

FILING STATUS SINGLE HEAD OF HOUSEHOLD (MUST FILL OUT HEAD OF HOH WORKSHEET)

MARRIED FILING SEPARATE MARRIED FILING JOINT WIDOWED W/QUALIFYING DEPENDENTS

DEPENDENT INFORMATION

NAME	DOB	SSN	RELATIONS	

UNIQUE TAX GROUP will prepare your Individual Tax Return only from the information you have provided. UTG will not audit or conduct any outside verification of the information you furnished. You, the taxpayer, are ultimately responsible for the information provided to UTG for the purpose filing of your tax return. UNIQUE TAX GROUP DO NOT AND WILL NOT E-FILE TAX RETURNS WITH LAST CHECK STUBS.

I, Taxpayer named above, have provided the Unique Tax Group the attached and/or written tax information and to the best of my knowledge this information is true, correct and complete.

Taxpayer's Signature _____ Spouse's Signature _____

Referred By: _____ [Referral fee(s) will not be paid if name is absent]

ALL RETURNS	Y	N
Have you provided correct identification numbers/ photos/ SS cards/ or photocopies if possible?		
Do the names on the return match your social security records, children included?		
Are you legally married based in your state's legal definition of marriage?		
If yes, did your spouse live in your home at any time during July thru December?		
Can someone else claim you or your spouse as a dependent?		
Did you or your spouse receive any military pay earnings?		
Did you or your spouse live with anyone with a higher adjusted gross income?		
Did you or your spouse have full year minimum essential health care coverage?		
Was your health care coverage provided through the Marketplace/Exchange?		

DEPENDANTS AND OR QUALIFYING CHILDREN	Y	N
Have you verified your dependent's birthday information as entered in the return?		
Did you or your spouse provide over 50% of the total support for each dependent?		
Do your EIC qualifying children meet any one of these requirements?		
➤ Under age 19 and lived in the taxpayer's home more than 6months of the year?		
➤ Under age 19 and foster child of tax payer and lived in taxpayer's home full time?		
➤ Full time student age 19-23?		
➤ Did your dependent attend a qualifying Institution?		
➤ Did you receive a 1098T for the current tax year?		
➤ Totally disabled and can provide support?		

Did your EIC qualifying children live with you in the same home in the US? ___YES ___NO

DECLARATION

I declare that I understand the above questions and have answered all of the questions to the best of my ability

Taxpayer's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

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