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Anchorage AK 99508

www.alaskatax.net

New Client Information

Taxpayer							
First Name		MI	Last Name				
Home Phone			SSN				
Work Phone			Occupation				
Cell Phone			Date of Birth				
Email			Fax			PFD <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse							
First Name		MI	Last Name				
Home Phone			SSN				
Work Phon			Occupation				
Cell Phone			Date of Birth				
Email			Fax			PFD <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address							
Address							
City		State			Zip		
Dependents							
First Name	MI	Last Name	Date of Birth	SSN	Relationship	Months in Home	PFD?
Use other side for additional depenents.							
Additional Information							
Direct Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No		Bank Name				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account #			Routing #				

Unemployment received	<input type="checkbox"/> Yes <input type="checkbox"/> No	1099-G needed to file	Provide if applicable: • W-2 : 1099 : 1098 : K-1 • self-employment income/expenses • charitable contributions • stocks bought and sold, etc
Bought / Sold property	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Contribute to IRA	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pay tuition fees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ROTH <input type="checkbox"/> Traditional		
Pay student loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	Need to see proof of payment	
Own your own home	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I authorize the above information to be used for the preparation of my income tax return.

Tax Payer _____ Spouse _____

Date _____ Date _____