



OFFICE 907 276 3012
TOLL-FREE 800 478 3012
FAX 907 276 0614

1106 East Northern Lights Blvd
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 Phone		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 dependents.							
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 <input type="checkbox"/> ROTH <input type="checkbox"/> Traditional		
Pay tuition fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Need to see proof of payment	
Pay student loans	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 _____