



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

1106 East Northern Lights Blvd
Anchorage AK 99508

www.alaskatax.net

Returning Client Information

Taxpayer							
First Name		MI	Last Name				
Home Phone				Work Phone			
Cell Phone				PFD <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email							
Spouse							
First Name		MI	Last Name				
Home Phone				Work Phone			
Cell Phone				PFD <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email							
Address							
Address							
City			State			Zip	
Change in Marital Status? <input type="checkbox"/> Yes <input type="checkbox"/> No							
New Spouse	MI	Last Name	Date of Birth	SSN*	Date Married		
First Name							
*Copy of new spouse's ID required.							
<input type="checkbox"/> Widowed (date)		<input type="checkbox"/> Divorced (date)			<input type="checkbox"/> Separated (date)		
NEW Dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No							
First Name	MI	Last Name	Date of Birth	SSN*	Relationship	Months in Home	PFD?
* Copy of new dependent social security card required.							
Additional Information							
Direct Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No		Bank Name				<input type="checkbox"/> Checking	
Account #			Routing #			<input type="checkbox"/> Savings	
Unemployment received		<input type="checkbox"/> Yes <input type="checkbox"/> No		1099-G needed to file			
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					