



805 Frontage Road 200A
Kenai, Alaska 99611
Office: (907) 283-3060
Fax: (833) 487-4315

CLIENT INFORMATION

SELF

Name: _____
Occupation: _____
Social Security Number: _____
Date of Birth: _____
Blind (Yes / No) Disabled (Yes / No)
Home Phone: _____
Cell Phone: _____
Email: _____
Present Mailing Address: _____
City: _____ State: _____ Zip: _____
Different Address Reported on Last Year's Return (Yes / No) Date Address Changed: _____

SPOUSE

Name: _____
Occupation: _____
Social Security Number: _____
Date of Birth: _____
Blind (Yes / No) Disabled (Yes / No)
Home Phone: _____
Cell Phone: _____
Email: _____

Filing Status:

- Single Married Filing Jointly Head of Household Qualifying Widow(er) Married Filing Separately

In year 2018 only, did you:

- Get Married (date: _____) Get Divorced (date: _____) Spouse Died (date: _____)

List Dependents:

Dependent's Full Name	Relationship	Date of Birth	Social Security #	Is 2018 Gross Income less than \$4,150?	# of Months Resided in Your Home in 2018	% of Support Received from You

Please be prepared to provide 2 legal forms of identifications for tax preparation services.
For Adults, one ID must have a Photo.
For children, Social Security Cards and Birth Certificates are acceptable.
Please provide prior year copy of filed tax return.