ALPHA TAX SERVICE

Client Data Sheet

Please complete and return through the secure client portal

alphatax200.com
(859) 307-1663

THIS FORM CONTAINS SENSITIVE INFORMATION

Complete this form, then upload it through the secure client portal at alphatax200.securefilepro.com. Do not email it and do not submit it through any form on our website — our forms will refuse a Social Security number if they spot one. If you would rather fill this in with us, call (859) 307-1663 and book an appointment at either office.

TAX YEAR

TAX YEAR THIS SHEET COVERS

DATE COMPLETED

TAXPAYER

FIRST NAME

MIDDLE INITIAL

LAST NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

OCCUPATION

MOBILE PHONE

EMAIL ADDRESS

SPOUSE (IF FILING JOINTLY)

FIRST NAME

MIDDLE INITIAL

LAST NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

OCCUPATION

MOBILE PHONE

EMAIL ADDRESS

ADDRESS

STREET ADDRESS

APARTMENT OR UNIT

CITY

STATE

ZIP

DID YOU MOVE DURING THE TAX YEAR?

○ Yes ○ No

IF YES, PREVIOUS ADDRESS

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FILING STATUS

SELECT ONE

- ○ Single
- ○ Married filing jointly
- ○ Married filing separately
- ○ Head of household
- ○ Qualifying surviving spouse

DEPENDENTS

List everyone you intend to claim. Add a second sheet if you need more room.

FULL NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MONTHS IN HOME

REFUND — DIRECT DEPOSIT

Optional. Providing these details lets the IRS deposit any refund directly rather than mailing a check.

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

ACCOUNT TYPE

- ○ Checking
- ○ Savings

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A FEW CHECKS

DID WE PREPARE YOUR RETURN LAST YEAR?

○ Yes ○ No

HAS ANYONE IN THE HOUSEHOLD BEEN ISSUED AN IRS IDENTITY PROTECTION PIN?

○ Yes ○ No

If yes, bring the IP PIN letter to your appointment or upload it through the portal. Do not write the PIN on this form.

DID ANYONE IN THE HOUSEHOLD HAVE MARKETPLACE HEALTH COVERAGE?

○ Yes ○ No

If yes, we will need Form 1095-A.

CERTIFICATION

I certify that the information I have given on this data sheet is true, correct, and complete to the best of my knowledge and belief. I understand that Alpha Tax Service will rely on it in preparing my return, and I will tell them promptly if anything changes or if I find that something here is wrong.

☐ **I certify the above**

INITIALS _____

SPOUSE INITIALS (IF FILING JOINTLY) _____

SIGNATURE

SIGNATURE _____

SPOUSE SIGNATURE (IF FILING JOINTLY) _____

DATE _____