

The Hahn Company LLC



CLIENT PROFILE – INDIVIDUAL

Date: _____

430 W 7th Avenue Suite 210
Anchorage, AK 99501
Tel: 907.272.1423
Fax: 907.644.1423

	Taxpayer	Spouse
Client Name	_____	_____
Principal Contact	_____	_____
Mailing Address	_____	_____
	_____	_____
Last four of Social Security Number	_____	_____
Email address	_____	_____
Date of Birth	_____	_____
Mobile Phone	_____	_____
Business Phone	_____	_____

Do you authorize us to discuss your return with the IRS? **Y or N**

Do you have dependents whom can be listed on your tax return? **Y or N**

If yes, we will require dates of birth and social security number(s) for each?

Do you own a business? **Y or N** Nature of business: _____

If yes, would you like us to also provide services for this business? Y or N

If yes, please request and complete a "Client Profile - Business" form.

Do you have quarterly estimated tax responsibilities? **Y or N**

Do you have income to report in a state (or states) other than Alaska? **Y or N**

If yes, please list state(s): _____

May we send your Tax Organizer and copies of your Tax Returns (both draft and final) to you via email? **Y or N**

If yes, please circle the primary email above.

Who may we thank for referring you to us? _____