

Circle Tax & Accounting
Client Information Worksheet

Taxpayer's Name:

First Name M.I. Last Name

Taxpayer's SSN:

_____ Taxpayer's birthday _____

Email address:

Occupation:

Home Address:

Spouse's Name

First Name M.I. Last Name

Spouse's SSN:

_____ Spouse's birthday _____

Email address:

Occupation:

Phone 1:

Phone 2

Phone 3:

Dependents:

First Name	M.I.	Last Name	SSN	Birthday	Relationship (ex. Son, daughter, grandchild)
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Do you have anything you need to discuss before your return is finalized?

If you have a refund and would like Direct Deposit, please provide bank information:

Bank Routing Number _____

Bank Account Number _____

Checking or Savings _____

If you received insurance through the healthcare.gov you should have received Form 1095-A which we need to file your taxes. Did you include your 1095-A? Yes No