

# Circle Tax & Accounting

## Client Information Worksheet

Taxpayer's Name: \_\_\_\_\_  
First Name M.I. Last Name

Taxpayer's SSN: \_\_\_\_\_ Taxpayer's BD \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Spouse's Name \_\_\_\_\_  
First Name M.I. Last Name

Spouse's SSN: \_\_\_\_\_ Spouse's BD \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Type of Phone: Cell Home Work

Phone 2: \_\_\_\_\_ Type of Phone: Cell Home Work

Phone 3: \_\_\_\_\_ Type of Phone: Cell Home Work

Dependents:

First Name	M.I.	Last Name	SSN	Birthdate	Relationship (ex. Son, daughter, grandchild)
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any notes or questions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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